

St. Katharine Drexel Parish Electronic Funds Transfer Form (Please return to the Parish Center)

Financial Institution/Branch and Address:	
Name on account (Please Print):	
Please take my contribution from my: <input type="radio"/> Checking Account OR <input type="radio"/> Saving Account	
Routing #: Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at the bottom of the check between these symbols <b>⎓</b> : <b>⎓</b> :	Account #:
I authorize St. Katharine Drexel Parish to automatically debit from my checking or savings on the 1 <sup>st</sup> of the Month account as noted \$ _____ I understand that this automatic debit will continue until I give reasonable notification to change or terminate this authorization. I also understand that I am responsible for ensuring that the necessary funds are available at the time the debit occurs. I may revoke this automatic payment authorization at any time with thirty (30) days written notice to St. Katharine Drexel Parish.	
Authorized Signature on Account:	Date: