

# Saint Sebastian Parish Authorization Agreement

## AUTOMATIC CONTRIBUTIONS ELECTRONIC FUNDS TRANSFER (EFT)

**If you have questions, please call St. Sebastian Parish at (414) 453-1061.**

- |  |                                  |  |
|--|----------------------------------|--|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">Check one</div> | <input type="checkbox"/> Setup:  | Complete all 4 steps. <i>It may take up to 5 business days for your automatic contributions to start.</i>                              |
|  | <input type="checkbox"/> Change: | Complete Step 1 & 4. <i>Allow 5 business days for the change to be effective.</i><br>Complete the information changing in Steps 2 & 3. |
|  | <input type="checkbox"/> Delete: | Complete Steps 1 & 4. <i>Allow 5 business days for the change to be effective.</i>   |

### STEP 1: YOUR NAME, ADDRESS & CONTRIBUTION INFORMATION

Your Envelope Number \_\_\_\_\_

Your Name \_\_\_\_\_  
LAST FIRST MI

Your Spouse's Name (if joint contributor) \_\_\_\_\_  
LAST FIRST MI

Email Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### STEP 2: YOUR CONTRIBUTION AMOUNT & DATE

Monthly Dollar Amount  
 \$

Contribution Date  
 1<sup>st</sup>  
 15<sup>th</sup>

Begin Transfers on:  
  /   /

### STEP 3: YOUR BANK ACCOUNT INFORMATION

Your Bank Name \_\_\_\_\_

Routing Number (lower left hand corner of check)

Account Number

Account Type  **Checking Account**  
 Must enclose a voided check

**Savings Account**  
 Must enclose a savings deposit slip



### STEP 4: YOUR AUTHORIZATION SIGNATURE(S)

I am signing up for automatic contributions for the benefit of St. Sebastian Parish. I agree that St. Sebastian Parish may automatically charge my bank account in the amount as indicated above. I may cancel automatic contributions by submitting a request in writing to St. Sebastian Parish. I agree that St. Sebastian Parish or my financial institution can cancel my contributions for my account for any reason, at any time, with or without prior notice to me. I acknowledge that the origination of these debits to my account must comply with U.S. Law. This agreement remains in effect until canceled by me, St. Sebastian Parish or my financial institution. Contributions will occur on the 1st business day following a weekend or holiday.

Signature of Parishioner(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_