

# St. Mary's Electronic Fund Transfer Form

Name: \_\_\_\_\_  
(Last, First)

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Transfer Process Information

Checking Information: \_\_\_\_\_ Bank Bene. # \_\_\_\_\_  
(Office assigns)

Bank Name: \_\_\_\_\_

Bank City & State: \_\_\_\_\_

Bank Routing # \_\_\_\_\_  
(9 Digit Number at Bottom of Check)

Checking Account # \_\_\_\_\_

## Contribution Information

### **Suggested Giving Plans**

Semi-Monthly	Monthly	Equal to Annual Gift of
\$500	\$1,000	\$12,000
\$375	\$750	\$9,000
\$250	\$500	\$6,000
\$150	\$300	\$3,600
\$50	\$100	\$1,200

Please Charge My Account: \_\_\_\_\_  
Semi-Monthly (Twice a Month 1<sup>st</sup> & 15<sup>th</sup>) Monthly

Contribution to General Fund: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Internal Purposes: P Y N F \_\_\_\_\_

(fn: Parish Registration/EFT Form 7/24/19.docx )