



# St. Lawrence Mission Electronic Fund Transfer Form

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

Address: \_\_\_\_\_  
(Mailing Address)

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

Please Charge My Account:	Weekly	Bi-Weekly (Every Other Week)	Monthly
Contribution to General Fund:	\$ _____	\$ _____	\$ _____
Contribution to Building Fund:	\$ _____	\$ _____	\$ _____
Contribution to Charity:	NA	NA	\$ _____

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