



**Electronic Funds Transfer**  
**Enrollment**

**Name on Account:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

**Type of Account:** ☐ **Checking** (include voided check)

☐ **Savings**

**Bank Routing Number** (9 digit number on lower left hand corner of check:

\_\_\_\_\_

**Account Number:**

\_\_\_\_\_

**Amount of offering:** \$ \_\_\_\_\_

**Frequency:** ☐ Weekly ☐ Monthly (First weekend of month)

☐ Twice monthly (1<sup>st</sup> & 3<sup>rd</sup> weekend each month)

☐ **Monthly Capital Improvement offering:** If you would like transfer an additional monthly offering to plan and maintain our parish buildings and grounds, please enter amount to transfer monthly: \$ \_\_\_\_\_

This is a: ☐ **first time** form

☐ **change** to an existing transfer.

I authorize Church of the Holy Family to initiate debit entries as instructed above. This authorization shall remain in full force and effect until I cancel it in writing by sending my notice at least 30 days prior to the date of the next scheduled debit to the parish office.

**Signature:** \_\_\_\_\_

**Email Address Required** - (Used to confirm setup or changes to EFT).

\_\_\_\_\_

Mail to: Church of the Holy Family:  
PO Box 146  
Hebron, CT 06248  
or  
Return in collection basket