



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 (1st & 3rd 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