

**Saint Columba Church**  
**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 the month)

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

☐ Monthly Capital Improvement offering: If you would like to 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 St. Columba Church 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

Mail to: St. Columba Church

PO Box 146

Columbia, CT 06237

Or

Return in the collection basket

Office Use Only: Setup Date: \_\_\_\_\_