

St. Sebastian Parish Authorization Agreement

AUTOMATIC CONTRIBUTIONS ELECTRONIC FUNDS TRANSFER (EFT)

If you have questions, please call St. Sebastian Parish at (414) 453-1061.

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|--|---|---|--|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">Check one</div> | → | <input type="checkbox"/> Setup: | Complete all 4 steps. <i>It may take up to 5 business days for your automatic contributions to start.</i> |
| | → | <input type="checkbox"/> Change: | Complete Step 1 & 4. <i>Allow 5 business days for the change to be effective.</i>
Complete <u>only</u> the information changing in Steps 2 & 3. |
| | → | <input type="checkbox"/> Delete: | Complete Steps 1 & 4. <i>Allow 5 business days for the change to be effective.</i> |

STEP 1: YOUR NAME, ADDRESS & CONTRIBUTION INFORMATION

Your Envelope Number _____

Your Name _____
LAST FIRST MI

Your Spouse's Name (if joint contributor) _____
LAST FIRST MI

Email Address _____ Phone (_____) _____

STEP 2: YOUR CONTRIBUTION AMOUNT & DATE

<p>Monthly Dollar Amount</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Begin Transfers</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p>	<p>Contribution Date</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Check one</div> <p style="margin-left: 20px;">→ <input type="checkbox"/> 1st</p> <p style="margin-left: 20px;">→ <input type="checkbox"/> 15th</p>
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STEP 3: YOUR BANK ACCOUNT INFORMATION


Your Bank Name _____

Routing Number (lower left hand corner of check)

Account Number

Account Type: **Checking Account**
Must enclose a voided check

Savings Account
Must enclose a savings deposit slip



Routing Number Account Number

STEP 4: YOUR AUTHORIZATION SIGNATURE(S)

I am signing up for automatic contributions for the benefit of St. Sebastian Parish. I agree that St. Sebastian Parish may automatically charge my bank account in the amount as indicated above. I may cancel automatic contributions by submitting a request in writing to St. Sebastian Parish. I agree that St. Sebastian Parish or my financial institution can cancel my contributions for my account for any reason, at any time, with or without prior notice to me. I acknowledge that the origination of these debits to my account must comply with U.S. Law. This agreement remains in effect until canceled by me, St. Sebastian Parish or my financial institution. Contributions will occur on the 1st business day following a weekend or holiday.

Signature of Parishioner(s) _____ Date _____

_____ Date _____

Submit completed form by mail, fax, collection basket or return to the Parish House.
St. Sebastian Congregation • 5400 West Washington Boulevard • Milwaukee, WI 53208 • Phone (414) 453-1061 • Fax (414) 453-9449