Electronic Funds Transfer Form
New Church Building Fund

Church of St. Peter
2590 N. Margaret Street
North St. Paul, MN 55109

For Office Use Only	Envelope #	Date

Parishioner Authorization Form
Effective Date: _____

- ❑ **New Authorization**
- ❑ **Change Contribution Amount**
- ❑ **Change Contribution Date**
- ❑ **Change Financial Institution Account**
- ❑ **Discontinue Electronic Giving**

Name of Parishioner (Please Print)

Address **Phone**

City	State	Zip

<u>Building Fund Electronic Fund Transfer</u>

- ❑ **Weekly (Transferred on Mondays)**
- ❑ **Semimonthly (Transferred on the 1st & 15th)**
- ❑ **Monthly (Transferred on either the 1st or the 15th)**
  CIRCLE ONE: 1ST 15TH
- ❑ **Quarterly (The 1st of the month beginning _____)**

Building Fund Amount **$_____**

Other (please specify) **$_____**

Total Contribution Amount **$_____**

Please take my contribution directly from the account specified:

- ❑ **Checking Account (attach a voided check)**
- ❑ **Savings Account**

Routing #:	Account #:
Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols ☐ ☐	

I authorize Church of St. Peter to process debit entries to my account. I have attached a voided check. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: **Date:**

Please attach a voided check.