

EFT Member Authorization Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

New authorization

Change in amount

Change in account

Frequency

Amount

Start Date

Semi-monthly
(1st and 15th of month)

Monthly
(1st of each month)

Please take my contribution directly from my Checking Account Savings Account

Bank Routing Number _____ Account Number _____
(between these symbols !:!)

I authorize St. John Vianney 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 _____