



Electronic Contribution (EFT) Authorization Form
St. Joseph Parish
2100 Pear St., Pinole, CA 94564
510-741-4900

Contribution Amount Collected (check one and enter amount):

<input checked="" type="checkbox"/> Transfer Frequency	Amount
_____	_____
<input type="checkbox"/> Weekly (amount transferred every Monday)	\$ _____
<input type="checkbox"/> Semimonthly (amount transferred on the 1 st and 15 th monthly)	\$ _____
<input type="checkbox"/> Monthly (amount transferred once each month)	\$ _____

Check one: 1st of each month 15th of each month

Name on Account (Please Print)

Address

City

State

Zip

Phone

Please accept my ongoing contribution from my:

- Checking Account (Attach a voided check)
 Savings Account (Attach a savings deposit slip)

Routing #

Account #

I authorize St. Joseph to process debit entries from my account as specified above. This authority will remain in effect until 5 business days after I notify St. Joseph to terminate this authorization.

Authorized Signature on Account

Date

Remember to attach a voided check or savings deposit slip

A letter confirming the amount and date of the first EFT payment will be mailed to you at least two weeks prior to the first EFT payment. Please continue making contributions in your weekly envelope until then.