

**St. Paul the Apostle Parish
Offertory Authorization Agreement
Electronic Funds Transfer (EFT)**

Last Name: _____ First Name: _____
(Please Print) Spouse's Name: _____

I/we hereby authorize St. Paul Catholic Church, 313 North State Street, Westerville, Ohio 43082, to debit my/our bank account using Electronic Funds Transfer for my donation to the Parish Offertory. I certify that I/we am/are authorized to approve this transaction for the bank/savings account provided below.

I/we understand that this automatic debit will be effective until notice of change or termination is given to the Parish Office at least two (2) weeks in advance of the next electronic collection date. Notice of such change shall be provided in writing to the Parish Office.

Banking Information
(Please provide a voided check)

Name of Financial Institution: _____

Account Number: _____ (_____ checking) _____ savings)

Name(s) of Account Holder: _____

Date: _____ Signed: _____

Date: _____ Signed: _____

Payment Schedule

Please debit my account based on the option selected below:

_____ 1st of the month only \$ _____

_____ 15th of the month only \$ _____

_____ 1st and 15th of the month \$ _____ each deduction

Note: Parishioners who elect to use EFT as a contribution method will continue to receive special collection envelopes.

Office Use Only

(Authorized Signature)

(Date)

Input into system by: _____ Date: _____ Effective Date: _____