



# St. Mary of the Immaculate Conception Catholic Community

## EFT Payment Agreement Form For Automatic Withdrawal Authorization

**Thank you for choosing the EFT (Electronic Funds Transfer) Payment Plan!** Here is how it works. First, fill out the form completely and legibly. You may authorize 1 or 2 monthly withdrawals to be made directly from your checking or savings account. Your funds will be withdrawn on the 1st and/or the 15th. If any of these payments dates fall on a weekend or holiday, the withdrawal will be made on the next business day. Proof of payment will appear on your bank statement. You will have a choice whether the withdrawal is to be used as a stewardship contribution (also known as "church dues" or church support) AND/OR debt retirement donation (restricted for payment of the church mortgage and other debt) AND/OR tuition payment (your tuition obligation to the school).

### MEMBER INFORMATION

Head of Household/Parent/Guardian Name(s): \_\_\_\_\_

Name(s) as they appear on checking/savings account: \_\_\_\_\_

Address, & City, State, Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_

### YOUR BANK INFORMATION

Bank Name: \_\_\_\_\_ City & Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Choose one:  Checking or  Savings **Please attach a cancelled check.**

### PAYMENT TERMS

**Effective Date of Withdrawal:** \_\_\_\_\_

1. **Stewardship:** Amount of Each Withdrawal: \$ \_\_\_\_\_  
Date(s) of Withdrawal:  1st  15th  Both 1st & 15th (If not selected, the 15th will be used)
2. **Debt Retirement:** Amount of Each Withdrawal: \$ \_\_\_\_\_  
Date(s) of Withdrawal:  1st  15th  Both 1st & 15th (If not selected, the 15th will be used)
3. **Tuition:** Amount of Each Withdrawal: \$ \_\_\_\_\_  
Date(s) of Withdrawal:  1st  15th  Both 1st & 15th (If not selected, the 15th will be used)

*The amount of withdrawal should be the amount to be taken from your checking or savings account each time a transaction is processed. For example, if the amount of each withdrawal is \$50 and you check the 1st and the 15th, a total of \$100 will be taken from your account each month.*

This agreement will be ongoing and continue until the Responsible Party terminates the Agreement. The Responsible Party has the right and responsibility to contact the Business Office of St. Mary of the Immaculate Conception with changes to their bank account information. As the Responsible Party, I authorize St. Mary's and the financial institution named above to initiate withdrawals from my checking/savings account listed or any subsequent account provided. I can stop payment of any entry by notifying St. Mary's at least 5 business days before my account is to be charged.

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return completed Agreement to:** St. Mary of the Immaculate Conception, Business Office,  
N2385 Municipal Drive, Greenville, WI 54942