



# Electronic Funds Transfer (EFT) Agreement

**Thank you for choosing the EFT (Electronic Funds Transfer) Plan!**

Please 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 Your funds will be withdrawn on the 1st and/or 15th as you designate. If any payment 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 support) or/and another need at St. Mary that you wish to support.

**MEMBER INFORMATION**

Head of Household First & Last Name(s): \_\_\_\_\_

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

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

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

**YOUR BANK INFORMATION** *Please attach a cancelled check if account is new.*

\_\_\_\_\_ My/our bank account information is unchanged; continue using it.

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

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

Choose one:  Checking or  Savings

**PAYMENT TERMS**

*The amount of withdrawal is the amount 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 box for the 1st and the 15th, a total of \$100 will be taken from your account each month.*

**Effective Start Date of Withdrawals:** \_\_\_\_\_

**Stewardship:**

Amount of Each Withdrawal: \$ \_\_\_\_\_

Date(s) of Withdrawal:  1st  15th  Both 1st & 15th (If not selected, the 15th will be used)

**Other—please list (i.e. Tuition Assistance Fund):**

Need: \_\_\_\_\_ Amount of Each Withdrawal: \$ \_\_\_\_\_

Date(s) of Withdrawal:  1st  15th  Both 1st & 15th (If not selected, the 15th will be used)

This agreement will be ongoing and continue until the Responsible Party terminates the Agreement in writing. The Responsible Party has the right and responsibility to contact the Finance 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. If funds are not available in the account and St. Mary's account is charged back, the parish will assess a fee to the Responsible Party for each occurrence.

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

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