

# Divine Mercy Parish Electronic Funds Transfer Sign-Up Form

1. **Indicate date/amount of desired transfers.**
2. **Complete information below.**
3. **Return your form to the Parish Office.**

### Regular Weekend Envelope Contributions (Choose one)

- |   |                     |          |
|---|---------------------|----------|
| <input type="checkbox"/> Weekly (on Wednesdays)                                   | - Weekly amount     | \$ _____ |
| <input type="checkbox"/> Bi-Monthly (5th and 20th)                                | - Bi-Monthly amount | \$ _____ |
| <input type="checkbox"/> Monthly (15 <sup>th</sup> or 30th) ( <b>circle one</b> ) | - Monthly amount    | \$ _____ |

**Begin date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I (we) hereby authorize Divine Mercy Parish, hereinafter called "Parish", to initiate debit entries to my (our) Checking Account indicated below and the depository financial institution named below, hereinafter called "Bank". This authority is to remain in full force and effect until the Parish and Bank have received written notification from either party of termination in such time and in such manner as to afford the Parish and Bank a reasonable opportunity to act on it.

Bank \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Begin date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_