

ELECTRONIC FUND TRANSFER ENROLLMENT FORM

To sign up for Electronic Funds Transfer (direct debit) of your donations to St. Catherine of Siena Church please provide the following information:

Name on bank account: _____

Amount: _____ Weekly / Monthly 1st / Monthly 15th (*circle one*)

Donations for: Sunday / Capital Campaign (*circle one*) _____ Effective Date: _____

*Please include a voided check.
Or if from a savings account, fill in the information below.*

Your bank name: _____

Bank routing number: _____

Bank account number: _____

<p>WEEKLY DONATIONS will be processed on the Friday prior to the Sunday. MONTHLY DONATIONS will be processed on the first or the fifteenth.</p>

By signing below, you authorize and instruct your financial institution to deduct this amount from your account.

Signature _____ Date _____ Phone Number _____

Mailing Address _____ Email Address _____

*We encourage you to continue using Contribution Envelopes simply to show your support at Mass.
Please check the EFT notation on the bottom of the envelope. Thank you.*

RETURN THIS FORM TO: Pat Côté, Business Manager, St. Catherine of Siena Church, 302 St. Catherine Circle, Ithaca, NY 14850