

**AUTHORIZATION FOR CONTRIBUTIONS TO
ST. THERESE LITTLE FLOWER PARISH
USING ELECTRONIC FUND TRANSFER (EFT)**

Date _____

Mr. Mrs. Ms.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Payment Details

I will make _____ payments of \$ _____ dollars
Monthly or weekly

You will be notified as to when the EFT process will start.

Bank Account Information

checking account savings account

Bank Name _____

Bank Address _____ City _____ State _____

Bank Routing Number _____

Account Number _____

Please include a voided check for checking account.

Please include a deposit slip for savings account.

Signature _____

Note: Changes to name, address, contribution amount, bank, or account type can be made by contacting the Parish Office at 541-5560.