



St. Frances Cabrini Catholic Church

AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT Electronic Funds Transfer (EFT)

I (we) hereby authorize St. Frances Cabrini Church of Omaha to debit entries to my (our) account indicated below, and the Financial Institution named below, to debit same to such account. I (we) acknowledge the origination of ACH transactions, to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name _____ City/State _____

Routing Number (See sample check below) _____ Account Number (See sample check below) _____

Type of Account: Checking Savings

This authority is to remain in full force and effect until St. Frances Cabrini Church has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Frances Cabrini Church and the Financial Institution a reasonable opportunity to act on it.

Please select one payment option:

- 1) I would like to donate \$ _____ monthly to be withdrawn on the ____ 1st or the ____ 15th (select one) monthly.
- 2) I would like to donate \$ _____ twice monthly, on the 1st and the 15th.

Print Name _____ Signature _____

Date _____ Phone _____ Email _____

Effective Date of Automatic Withdrawal _____

Attach a VOIDED check here and return to the Parish Office.

