

The Community of the Good Shepherd

Electronic Fund Transfer Authorization Form

I, _____, authorize my bank to make payment by the method indicated below, and post it to my account.

Check One: Weekly Monthly Quarterly Annually One-Time Donation

| | | |
|-------------------------|--------------------------------|-----------------|
| Post amount as follows: | Operations/Stewardship | \$ _____ |
| | General Outreach | \$ _____ |
| | St. Vincent DePaul | \$ _____ |
| | GS – SOS Military | \$ _____ |
| | Scholarship Fund | \$ _____ |
| | Psalm 23 Fund | \$ _____ |
| | Music Fund | \$ _____ |
| | Easter Donation (annually) | \$ _____ |
| | Christmas Donation (annually) | \$ _____ |
| | Total Amount To Be Paid | \$ _____ |
| | <u>EFFECTIVE DATE</u> | _____ |

I understand that I am in full control of my payment. If at any time I decide to make changes or discontinue the EFT service, I will contact Teri Cunningham in the parish office at 513-489-8815 ext. 738.

PARISHIONER INFORMATION

NAME _____

ADDRESS CITY/STATE/ZIP _____

PHONE NUMBER _____

PARISHIONER SIGNATURE _____

For donation from checking account:

BANK NAME _____

ADDRESS _____

CITY/ STATE/ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

ACCOUNT TYPE (Check one) CHECKING SAVINGS

Donation from credit card

MasterCard Visa Discover American Express

NAME ON CREDIT CARD _____

CREDIT CARD NO. _____ EXP. DATE _____

Check one:

Send envelopes quarterly for special collections.

Do not send quarterly envelopes for special collections.

Return completed form to:

The Community of the Good Shepherd
Attn: Teri Cunningham
8815 E. Kemper Road
Cincinnati, OH 45249