**ELECTRONIC FUND TRANSFER FORM**

**Name on Account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_**

**Please transfer: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Checking Savings**

**Payments will be transferred on the 1st Wednesday of each month.**

*I authorize St. Ambrose Catholic Church to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand that my bank may automatically charge a fee to my account for any insufficient fund (NSF) transactions.*

**Authorized Signature on my account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **VOIDED CHECK** |