

St. Joan of Arc Parish Sunday Contributions
Authorization Form for Checking or Savings
Electronic Transfer of Funds

PLEASE PRINT

Name: _____

Street: _____

City/Zip _____

Daytime Phone: (____) _____ Cell: (____) _____

Please enter the amount to be deducted from your account:

\$ _____ SEMI-MONTHLY – Transferred on the **1st** **AND** the **15th**

\$ _____ MONTHLY – Transferred on the **1st** **OR** the **15th** (**circle one**)

TYPE OF ACCOUNT (please **circle one**):

CHECKING ACCOUNT --- Please attach a **voided** check

SAVINGS ACCOUNT -- Please attach a savings deposit slip

I authorize St. Joan of Arc Church to process entries from my
checking or savings as noted above.

This authority will remain in effect until I give reasonable
notification to terminate this authorization.

Authorized Signature on Account:

Date of this Authorization:

****If you are already set up for an EFT and would like to make a change to the amount you are giving you can email wbankson@sjasr.org with the change or call **Wendy Bankson** at (925) 8300600.**