

Electronic Fund Transfer Authorization Form

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

Please check: Weekly Monthly Quarterly Annually One-Time Donation

Post amount as follows:

General Operations:	\$ _____
Debt Reduction:	\$ _____
General Outreach:	\$ _____
St. Vincent DePaul:	\$ _____
Scholarship Fund:	\$ _____
Psalm 23 Fund:	\$ _____
Music Fund:	\$ _____
Honduras	\$ _____
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, and if at any time I decide to make any changes or discontinue the EFT service, I will contact Sr. Debra Wischmeyer in the parish office at 513-489-8815 ext. 717.

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 _____

Donation from credit card Master Card Visa Discover American Express

Name on Credit Card _____
Credit Card No. _____ Expiration 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 Church
Attn: Sr. Debra Wischmeyer
8815 E. Kemper Rd.
Cincinnati, OH 45249