

# Electronic Fund Transfer Authorization Form

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

CHECKING ACCOUNT (NOTE: A voided check must be attached to this form). Your account will be debited on the 20<sup>th</sup> of each month.

**Total amount to be paid each month:** \$ \_\_\_\_\_

Post as follows: General Operations: \$ \_\_\_\_\_ Scholarship Fund: \$ \_\_\_\_\_

Debt Reduction : \$ \_\_\_\_\_ Psalm 23 Fund: \$ \_\_\_\_\_

Outreach: \$ \_\_\_\_\_ Music Fund: \$ \_\_\_\_\_

Tanzania Promise: \$ \_\_\_\_\_

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 Steve Singer in the parish office at 513-489-8815 ext. 740.

BANK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ STATE/ ZIP \_\_\_\_\_

ROUTING NUMBER #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**PARISHIONER INFORMATION:**

NAME(S) ON THE ACCOUNT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER with area code \_\_\_\_\_

PARISHIONER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Return completed form to:**

The Community of the Good Shepherd Church

Attn: Steve Singer

8815 E. Kemper Rd.

Cincinnati, OH 45249