



St. Monica Catholic Church

2001 N. Western · Edmond, OK 73012 · 405-359-2700
www.saintmonicaparish.com

ELECTRONIC FUNDS TRANSFER (EFT)

I WANT MY FUNDS APPLIED TO:

PARISH OFFERING _____

Peru Ministry _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

(Email confirmation will be sent to you from Kirkpatrick Bank stating the amount/date the funds will be withdrawn from your account. If you do not want this confirmation sent to you, leave your email blank and state as such).

BANKING INFORMATION

Contribution Amount _____

Frequency Once a Month (1st Wednesday)
 Twice a Month (1st and Third Wednesdays)

Checking Savings

Routing # _____ Account # _____

Financial Institution:

Please attach voided check from account to be debited for your payment

I authorize St. Monica Catholic Church, Edmond, OK, to deduct my contribution from the bank and account number shown above. I understand that the funds will be withdrawn as indicated and that is my responsibility to ensure sufficient funds are in my account at that time.

This authority will remain in effect until I instruct St. Monica Catholic Church to cancel or change it. Further authorizations must be in writing and must be received by St. Monica 15 days prior to the first day of the effective month. I also understand that if my payment is returned for "non-sufficient funds," St. Monica will discontinue this service.

Effective date beginning: _____
Month/Day/Year

Signature(s) _____ Date _____

- () Yes, I would like to continue receiving monthly offering envelopes from the church.
() No, please do not mail monthly offering envelopes. (Monthly Church Offering Only)