

# ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

I hereby authorize the **Corpus Christi Parish, Waterville, Maine**, to withdraw the amount listed below on the **5<sup>th</sup>** day of each month (or next business day, if the designated day falls on Sunday, or a holiday) for the purpose checked below. I understand that I may alter or cancel this agreement at any time by giving written notice to the Parish (allowing a reasonable time for the Parish to act on the notification).

Note: we will not sell, rent, or share this information except with authorized representatives of Maine State Credit Union-Greater WTVL Area (and only what they need to carry out the transfer).

## Purpose for the Transfer

Check only one. If you wish to use electronic fund transfer for more than one purpose, complete a separate form for each purpose.

Offertory       Other       Change       Cancel

## Identifying Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ **Envelope number** (if known): \_\_\_\_\_

Amount to be transferred from your account each month : \$ \_\_\_\_\_

## Bank Information

Withdraw the amount above from my (check one only)

Checking Account

**Attach a voided check**, to provide the information necessary to carry out the transfer.

Savings Account

Enter the full savings account number: \_\_\_\_\_

Enter routing number for bank or credit union: \_\_\_\_\_

Bank where you have this account: \_\_\_\_\_

Branch City/Town: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THANK YOU FOR YOUR SUPPORT OF OUR PARISH**