

St. Teresa of Avila

19 Flamingo Dr. Elmira Ontario

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ELECTRONIC FUNDS TRANSFER ENROLLMENT AND AUTHORIZATION FORM

I hereby authorize St. Teresa of Avila Church, Elmira, ON to transfer the amount listed below from my bank account. This authority will remain in effect until I provide notice in writing to cancel this agreement.

Name: _____

Address: _____

City/Prov/Postal Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Monthly Donation:

Debit my account in the amount of \$ _____ as a contribution to St. Teresa of Avila Church, Elmira, ON

My monthly contribution will be withdrawn (choose one):

2nd day of the month 16th day of the month from my **Personal Account**. (I have enclosed the required voided cheque)

Date of first withdrawal : _____ (month), 20 _____ (year)

Bank Information:

Name of Bank: _____

Address: _____

City/Prov/Postal Code: _____ Ph: _____

Institution No: _____ Transit/Branch No: _____ Account No: _____

Signature (If joint account, both owners must sign): I authorize the electronic funds transfer as listed above.

Signature

Signature

Date

Please place the completed form & voided cheque in the offering basket or bring to the parish office.
Thank you very much for supporting the work of St. Teresa of Avila, Elmira, ON.