

# Faithfully Building Our Future

St. Joseph's Church Pierz MN

## Electronic Funds Transfer

It is now possible to have your weekly or monthly collection to **St. Joseph's Church** offered electronically. Please **fill out this form, sign and attach a voided check** OR a **savings deposit slip**, put in an **envelope with this commitment form. RETURN ALL TO:**

**FARMERS & MERCHANTS STATE BANK PO Box 308 Pierz MN 56364** OR **IN-PERSON AT THE BANK**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Contribution**

**Start Date**

**Frequency (circle one choice)**

\$ \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Weekly (Mondays)

Monthly (15<sup>th</sup>)

I authorize St. Joseph's Church of Pierz, Minnesota to process debit entries from my account according to the contribution information above. **I understand that this authorization will remain in effect until I provide reasonable notification of its termination.** I also understand that there will be a fee automatically charged to my account for each transaction returned due to insufficient funds.

Name of Financial Institution

\_\_\_\_\_

Address of Financial Institution

\_\_\_\_\_

Checking  Savings Account Number \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Signature(s)

\_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP\*\*\*\*\*

**For Bank Use Only:**

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Received: \_\_\_\_\_ By: \_\_\_\_\_

Date

Employee initials