

Annual Authorization Agreement for Electronic Funds Transfer (EFT) 2025

St. Elizabeth Ann Seton Parish

Church ID: 31-0890912

Envelop #: _____

☐ My bank information has not changed, please debit current account.

Initials: _____

I/We hereby authorize St. Elizabeth Ann Seton Parish, herein called Seton, to initiate debit entries from my/our
☐ checking or ☐ savings account (select one) indicated below and the depository named below, to debit to Seton account.

Bank Name: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Routing Number: _____

I authorize St. Elizabeth Ann Seton Parish to begin EFT effective the month & year of: _____

Monthly Commitments:

Sunday Bi-Monthly Donations: \$ _____ To be deducted on the 15th & last day of month

Sunday Monthly Donation: \$ _____ To be deducted on last day of the month

Capital Improvement Monthly Donation: \$ _____ To be deducted on last day of the month

St. Vincent de Paul Monthly Donation: \$ _____ To be deducted on the last day of the month

☐ No Changes – continue with current Monthly commitment(s)

Special Annual Commitments:

Landscaping Fund: \$ _____ To be deducted on January 10, 2025

Easter 2025 Donation: \$ _____ To be deducted on April 10, 2025

Capital Improvement Fund: \$ _____ To be deducted on June 10, 2025

Christmas 2025 Donation: \$ _____ To be deducted on December 10, 2025

☐ No Changes – continue with current Annual commitment(s)

This authority is to remain in effect until the parishioner or Seton have received written notice of changes.

Parishioner Name: _____

Phone No: _____

Parishioner Signature: _____

Date: _____

Directions: If you desire to establish a new EFT account, continue or change the EFT amount for your annual offertory donations, please complete this form and return to the parish office with a voided check or “encoded” deposit slip.

Return address: St. Elizabeth Ann Seton Parish 5890 Buckwheat Rd. Milford, OH 45150