

ST. IGNATIUS OF ANTIOCH CHURCH
Authorization for Electronic Funds Transfer (EFT)
3351 Contra Loma Blvd., Antioch CA 94509 ● 925.778.0768

This EFT authorization is for the weekly **Sunday Collection**. Completed forms may be mailed or dropped off at the Parish Office

PLEASE PRINT **NAME:** _____

STREET: _____

CITY/STATE/ZIP _____

DAYTIME TELEPHONE NUMBER: (____) _____ - _____

START DATE: _____

Enter amount to be deducted from your account: _____

Transfer the amount entered above on the following date (check one):

WEEKLY (transferred every Wednesday)

SEMI-MONTHLY (transferred on **1st and 3rd** Wednesday of the month)

MONTHLY

Make the transfer on the **1st** Wednesday of the month

Make the transfer on the **3rd** Wednesday of the month

Type of Account (check one):

Checking account: Attach a voided check.

Savings account: Attach a savings slip.

Credit Card Info:

a. Credit Card Number: _____

b. Expiration Date (MM/YYYY): _____

c. Billing Zip Code: _____

d. Card Security Code (3 or 4 digit number located on the back of the card): _____

This authorization is for the regular Sunday Collection only. Check this box if you would like to receive "Second Collection" envelopes (e.g. Catholic Charities, St. Vincent de Paul, Parking Lot Loan, etc.)

I authorize St. Ignatius of Antioch Church, Antioch to process entries from my checking, savings or credit card as noted above. This authority will remain in effect until I give reasonable notification to terminate this authorization.

SIGNATURE: _____ **DATE:** _____