

Santa Maria Catholic Church
40 Santa Maria Way, Orinda, CA 94563-2605
(925) 254-2426 – Fax (925) 254-2468

Weekend Collection EFT Authorization from Checking or Savings Account

Please Print

Name(s) on account _____

Address _____

City, State, Zip _____

Daytime Phone Number () _____ E-mail _____

Date transfers are to begin: _____ (Please allow *at least two weeks* for transfers to begin. Kindly continue to make your weekly donations during this period.)

Please enter the amount to be transferred each month from your account to Santa Maria.

\$ _____ Monthly, transferred usually 52 Sundays per year, please calculate your monthly donation as at least **4-1/3 times** your weekly donation.

Type of account (please check one);

____ **Checking** account: Please **attach** a **VOIDED** check (**not** a deposit slip)

____ **Savings** account: Please **attach** a **VOIDED** deposit slip

I hereby authorize Santa Maria Catholic Church and its bank to process debit entries from my checking or savings accounted as noted above. I will allow two weeks for the first transfer to take place. This authorization will remain in effect until I give reasonable notification to terminate this authorization. If I wish to cancel this authorization, I will notify the parish office and allow two weeks for transfers to be discontinued.

Authorized Signature on Account: _____

Date: _____

THANK YOU for your generous support!