

**ELECTRONIC FUNDS TRANSFER (EFT)
AUTHORIZATION AGREEMENT**

I authorize **St. Cecilia School**, and the financial institution named below to initiate the following entry (or entries) to my checking or savings account.

ST. CECILIA FUND (Recurring Donation)

Please enter amount to be deducted from your account for your *RECURRING* donation to the St. Cecilia Fund.

\$ _____ Monthly (Transferred on the 5th of each Month)

\$ _____ Monthly (Transferred on the 20th of each Month)

\$ _____ Bi-monthly (Transferred Every Other Friday of the Month)

Your Account Name: _____

Bank Name: _____

Bank Routing # _____

Checking Acct. # _____ Savings Acct. # _____

ST. CECILIA FUND (One-time Donation)

Please enter amount to be deducted from your account for your *ONE-TIME* donation to the St. Cecilia Fund.

\$ _____ Donation Amount

_____ EFT Date (allow 10 business days from receipt of request)

Your Account Name: _____

Bank Name: _____

Bank Routing # _____

Checking Acct. # _____ Savings Acct. # _____

CHANGE REQUEST This authorization agreement replaces my previous agreement. The change will be effective upon receipt by St. Cecilia School.

The payments will begin as soon as this authorization form is processed. This authorization will remain in effect until you give reasonable notice to terminate. Notice of termination shall not affect entries initiated prior to actual receipt of notice. If at any time, your bank account information changes, simply notify St. Cecilia School ten days prior to the date of the scheduled payment.

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCT or FOR A SAVINGS ACCOUNT, A DEPOSIT SLIP.

Authorized Signature on Account: _____ Date: _____

Printed Name: _____

Address: _____

Daytime Telephone Number: _____

Mail this form to: St. Cecilia School, Attn: Marsha Granger, 302 W. Main, Broussard, LA 70518