

IMMACULATE HEART OF MARY CATHOLIC CHURCH

ELECTRONIC FUNDS TRANSFER

OFFERTORY CONTRIBUTIONS

Offertory Contribution Information

Please begin automatically deducting \$_____ from my account each month beginning in the month of _____

Please Note:

Electronic Funds Transfers will be made on the 15th of each month

Envelope Number:

Name on Account: (Please Print)

Address:

City/State/Zip:

Please accept regular contributions from my

(Check desired box)

Checking Account (Attach a voided check)

Savings Account (Attach a savings deposit slip)

Bank Name:

Account Number:

Checking / Savings Account Routing #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(First group of numbers at the bottom left of your check/deposit; usually eight/nine numbers)

I authorize Immaculate Heart of Mary Catholic Church to process debit entries from my account. This authority will remain in effect until I give written notification from me (us) to terminate.

Authorized signature on account: _____ Date: _____

Please attach a voided check /savings deposit slip

And return this form to:

Glenda Terpstra

Immaculate Heart of Mary Church

605 Barbee Avenue

High Point, NC 27262

If you have any questions, please call the Church Business Office (336) 884-5212 ext 118