



# Incarnation Catholic Church

## ELECTRONIC FUND TRANSFERS FOR REGULAR CAPITAL MAINTENANCE GIVING

We are pleased to be able to offer you the opportunity to have your monthly **Capital Maintenance** contribution made automatically from your checking account.

The Electronic Fund Transfer (EFT or Direct Debit) will help you in several ways:

- It saves time.
- No checks to write.
- No envelopes to keep track of.
- Helps you to honor your commitment in a convenient and timely manner – even when you are on vacation or out of town.
- It is easy to sign up for and easy to cancel.
- It will provide you with a record of your contribution on your bank statement.

### How the EFT Program works:

You authorize a weekly or monthly deduction from your checking account by completing the "Authorization Agreement" provided below. Then relax, your offertory payment will be automatically debited from your account on the last regular business day of the month. Proof of your contribution will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

The EFT Program is dependable, flexible, convenient, confidential, and easy. To take advantage of the program, complete the following authorization form and return it to us along with a voided check or deposit form.

### AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

I (we) authorize **Incarnation Catholic Church (Tax ID # 62-1043964)** and **Regions Bank**, to initiate credit entries and adjustments for any debit made in error to the CHECKING account indicated below and the depository named below, to debit and/or credit the same to such account for the purpose of making my regular offertory payment. I/we understand that withdrawals cannot be made for special collections or that my offering cannot be split.

DEPOSITORY BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ROUTING # \_\_\_\_\_  
(The number between these symbols | : | on the bottom left of your check)

ACCOUNT # \_\_\_\_\_

DEBITED AMOUNT \_\_\_\_\_ each WEEK \_\_\_\_\_ or MONTH \_\_\_\_\_

This authorization is to remain in full force and effect until **Incarnation Catholic Church** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Incarnation Catholic Church** and **Depository Bank** a reasonable opportunity to act upon it.

NAME(S) \_\_\_\_\_ ENVELOPE # \_\_\_\_\_

SIGNED \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP