Saint Mary Parish

25 North Road ▪ Chelmsford, MA 01824
Office: 978-256-2374 ▪ Fax: 978-256-0122

Electronic Transfer Authorization Form

To enroll for the Electronic Transfer option for St. Mary Parish's Fall Capital Collection, please fill out this form and return it to Saint Mary Parish. Please be sure to sign and date the bottom of the form. If you are currently enrolled in our Electronic Offertory Program, then please check the appropriate box below. There is no need to give your account information again, unless it has changed. Please contact the office as soon as possible to change or suspend your transfer.

ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL.

☐ **I am already participating in the Electronic Offertory program and would like to donate to the Saint Mary Parish Fall Capital Collection.**

$_____

☐ **I would like to offer my donation to the Saint Mary Parish Fall Capital Collection.**

$_____

Name on Account (please print)	
Mailing Address (Street, City, State, ZIP)	
Account Holder's Email Address:	Account Holder's Phone #
Alternate Email Address (if applicable)	Alternate Phone # (if applicable)

Account Information ***(Choose either Bank or Credit Card. Provide information below for ONE account only.)***

Bank Account Information	
Bank Name: _____ Account Type: ☐ Checking ☐ Savings *(Please attach your voided check or savings deposit slip)*	
Routing Number	Account Number:
Credit Card Information	
☐ MasterCard ☐ Visa Credit Card #: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ Credit Card Expiration Date: _____ / _____ *(month/year)*	
Transfer Date: Please choose **ONE** date for transfer from your account: ☐ **5th day of the month** ☐ **15th day of the month** ☐ **25th day of the month**	
Please indicate the **MONTH** of the transfer from your account: _____	

I authorize Saint Mary Parish to debit from the account specified on this form. This authorization will remain in effect until I give written notice to suspend such authorization. Written notice must be received at Saint Mary Parish Office at least three (3) business days prior to the transfer date.

Authorized account signature: _____ Date: _____

Thank you for your continued support of St. Mary Parish.