

Electronic Contribution Authorization

We currently offer the Electronic Funds Transfer (EFT) option for Sunday offertory contributions. The EFT program gives parishioners the ability to make their regular donations in a secure and easy way, saving time and the hassle of writing a check. It also provides an electronic record of your donations for tax deduction purposes. At this time the EFT will be offered for regular offertory contributions only. Please continue to use your envelopes for Special Collections and I. C. School tuition.

This program benefits both the Church and parishioners.

Benefits to Parishioners

No more writing checks
Fewer transactions to record

Benefits to Immaculate Conception

Stabilized and consistent Income to the parish
Minimizes counting/handling cash

On the reverse side of this form is a list of frequently asked questions regarding the EFT program. Enrolling is easy. Just fill out the information below and return it to the parish office via of mail or the Sunday offertory.

Please print:

Name on Account _____ Phone # _____

Address _____ City _____ State _____ Zip _____

e-mail: _____

I authorize the following (**check one**)

New Payment

Change as indicated below

Discontinue EFT

Bank Information

Bank Name _____

Check one: Checking - or - Savings

Routing Number _____ Account Number _____

Please attach your voided check.

If returning via the offertory collection: Please seal your envelope, and mark it Electronic Funds Transfer, and drop it in the collection basket.

If returning by mail, the mailing address is:

Immaculate Conception Church, 414 E. North Broadway, Columbus, OH 43214

Attn: Electronic Fund Transfer

Contribution Information

Fund Type	Start Date	Amt Per Transfer	Day of Month (circle 1 or both)
Offertory		\$	1 st 15 th

I authorize Immaculate Conception Church to debit from the account specified on this form.

This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.

I understand there will be a \$5.00 non-sufficient funds (NSF) fee charged to my account for NSF debits.

Authorized Account

Signature _____ Date: _____