

St. Joseph Basilica – Alameda, CA
Authorization for Electronic Fund Transfers

Conscious that regular and timely gifts are the backbone of my church family's financial support, I authorize the following recurring gifts from my account as my regular contribution:

- My MONTHLY Gift: \$ _____ on the 1st of each month
- My MONTHLY Gift: \$ _____ on the 15th of each month
- My SEMI-MONTHLY Gift: \$ _____ on the 1st AND 15th of each month

Please have my bank transfer my gift from my CHECKING account: **(attach a voided check)**

(PLEASE PRINT CAREFULLY)

Name (exactly as it appears on your account) ex: John Smith

Address (exactly as it appears on your account) ex: 1 Main Street

City, State, Zip (exactly as it appears on your account) ex: Orlando FL 12345-7890

Phone Number Associated with Your Account ex: (301) 555-1212

Email Address ex: jasmith@aol.com

I hereby authorize St. Joseph Basilica to debit the account provided above and process my instructions as indicate. I agree to pay for any associated fees should my EFT payment be returned unpaid by my bank. I understand that this authority will remain in effect until I give reasonable notification to terminate this authorization.

I have read and agreed to the above terms and conditions.

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Signature

Date

If you have any questions, please contact Father George at the Parish Office at 510-522-0181