

# St. James the Greater Catholic Church

## Electronic Funds Transfer

49 Crosswinds Drive, Charles Town, WV 25414

Telephone: 304-725-5558 Email: crbusmgr@stjameswv.org

### Personal Information

Name on Account (Print) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address \_\_\_\_\_

I authorize the following  **ADD** new EFT payment  **CHANGE** current EFT payment  **STOP** EFT payment

### Account Information

Bank Account Information		Credit Card Account Information	
Bank Name		Credit Card Number	
Bank Account Type	<input type="checkbox"/> Checking — attached voided check <input type="checkbox"/> Savings — attached deposit slip	Credit Card Type (St. James pays a transaction fee of 2.8%)	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Routing Number		Card Expiration	
Account Number		Name as appears on card	

### Contribution Information

Fund Type	Amount	Start Date	EFT Date (choose one scheduled withdrawal date)
Sunday Offertory	\$		<input type="checkbox"/> Weekly (every Monday) <input type="checkbox"/> Semi-Monthly (1st & 15th) <input type="checkbox"/> Monthly (1st)
Parish Mortgage	\$		<input type="checkbox"/> Weekly (every Monday) <input type="checkbox"/> Semi-Monthly (1st & 15th) <input type="checkbox"/> Monthly (1st)

I authorize St. James the Greater Catholic Church to process my contributions as specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.

Authorized Account Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please place your completed form in the offertory basket, deliver to the parish office, or mail it to the address above. To receive a confirmation notice, please provide your email address and/or phone number.**

Check the  **I Give Electronically** box on your offertory envelopes!

Date Received	Accounting	Parishsoft	Processed	Parishioner Notified