



*Our Lady of Sorrows Church*  
*Missionaries of Our Lady of La Salette*



### Electronic Funds Transfer Enrollment

Your Information

Name(s) on Account: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Contribution Information

Bank Name: \_\_\_\_\_

Type of Account:  Checking (please include a voided check)  Savings

Bank Routing Number: (9-digit number on the lower left-hand corner of check)

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Account Number: \_\_\_\_\_

Amount of:

**Circle one: Offering or Capital Campaign Pledge:** \$ \_\_\_\_\_ Frequency:  
(check one):

**Weekly**  **Monthly**  **Capital Campaign:** If you would like to fulfill your Capital Campaign pledge via an Electronic Funds Transfer Account also known as EFT, please enter the amount to transfer monthly: \$ \_\_\_\_\_ This is a:

**First-time EFT Enrollment**  **Change to an Existing EFT Account**

Your Authorization: I authorize **Our Lady of Sorrows Church**, Hartford, CT to initiate debit entries as instructed above. This authorization shall remain in full force and effect until I cancel it in writing by sending notice to the church office at least 30 days prior to the date of the next scheduled debit. I understand that: I am responsible for notifying **Our Lady of Sorrows Church**, if I close this account. I am responsible for all charges, should this debit cause an overdraft to my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT: This form must be signed by the parishioner requesting automatic debit of offertory donation and retained on file by **Our Lady of Sorrows Church**. Parishioner must attach a voided check to help verify account and bank routing numbers. Weekly funds transfers will be executed by the following Monday. Monthly transfers will be executed by the Monday following the first Sunday of the month.

**Mail to: Our Lady of Sorrows Church, 16 Greenwood Street, Hartford, CT 06106**  
**OR Return by way of the collection basket**