

Blessed Kateri Tekakwitha Catholic Parish  
(661) 296-3180 ext. 7904 Fax (661) 296-7854  
22508 Copper Hill Drive  
Santa Clarita, CA 91350



## ELECTRONIC FUNDS TRANSFER

### Authorization Form for Checking or Savings

**Please Print**

Parishioner's Information:

**Name:** \_\_\_\_\_

**Address: Street** \_\_\_\_\_

**City:** \_\_\_\_\_ **CA Zip:** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Envelope No.** \_\_\_\_\_

**Email:** \_\_\_\_\_

**This authorization is for:** *please mark appropriate box and indicate amount for each type*

Regular Contribution \$ \_\_\_\_\_

Building Fund Contribution \$ \_\_\_\_\_

Religious Education Contribution \$ \_\_\_\_\_

Other (Specify) \$ \_\_\_\_\_

**TOTAL** \$

**Please indicate the frequency to be deducted from your account:**

Weekly (Transferred every Monday)

Semimonthly (Transferred on the 1<sup>st</sup> and 15<sup>th</sup>)

Monthly (Transferred on the 1<sup>st</sup> OR 15<sup>th</sup> – **Circle one**)

**Type of Account:** *Please circle one*

**Checking Account** – *Please attach a voided check.*

**Savings Account** – Account No. \_\_\_\_\_ Bank Routing No. \_\_\_\_\_

I authorize Blessed Kateri Catholic Parish in Santa Clarita California to process entries from my checking or savings accounts as noted above. This authority will remain in effect until I give reasonable notification to terminate this authorization.

**Authorized Signature on Account:** \_\_\_\_\_ **Date:** \_\_\_\_\_