

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM



As an authorized check signer on the financial institution account identified below, I authorize The Catholic Diocese of Memphis / Faith West Tennessee to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services requested.

For accounting purposes, all electronic debits will be reflected in the customer’s monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: _____ DATE: _____

Financial Institution account “identifying information”:

Enter financial institution account information into the fields provided below and attach a blank VOID check

Financial Institution:		Branch:	
City	State	Zip Code	
9 Digit Transit/ABA #		Account #	
Name on Account:		Account Holder’s Phone:	
		Account Holder’s email:	

CREDIT CARD AUTHORIZATION:

I authorize The Catholic Diocese of Memphis/Faith West Tennessee to perform scheduled or periodic charges on the credit card identified below for payments due or when applicable, apply credits to the same.

Card Type: _____ Card Number: _____

Expiration Date: _____ CVV (3 or 4 digit security code) _____

Signature: _____ Date: _____

REFUNDS ARE ISSUED ON A CASE BY CASE METHOD