

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 Fred at the Parish Office at 510-522-0181.