

St. Mary Parish
Electronic Transfer Authorization Form

SCRIP ONLY

INDIVIDUAL/FAMILY INFORMATION

ID/ENVELOPE NUMBER: _____

First Name (please print) Last Name (please print)

First Name (please print) Last Name (please print)

phone

BANK ACCOUNT INFORMATION
(Please fully complete this section)

Name of Financial Institution

Address of Financial Institution City/State/Zip

Financial Institution ABA number Your account number

Type of account: [] checking or [] saving

TO ENSURE ACCURATE AND TIMELY PROCESSING, WE REQUIRE A VOIDED CHECK FOR ALL CHECKING ACCOUNTS. ATTACH A VOIDED CHECK HERE!

SIGNATURE

Each time I/we purchase scrip online, I/we authorize St. Mary Parish to initiate debit entries to my (our) checking (savings) account indicated above. I further agree that your treatment of such orders will be the same as if I personally signed or initiated the debit or draft and that this authority will remain in effect until you receive my written instruction to cancel this service. In addition, I agree that if any such draft or debit is dishonored, for any reason, St. Mary Parish and its employees shall have no liability. Furthermore, I agree that the information contained on this form may be disclosed to the financial institution from which my payments will be deducted.

I may terminate this agreement at any time by providing a 30-day written notice

I have read and agreed to the above terms and conditions.

Bank Account Holder Signature

Date

Second Signature (if joint bank account)

Date