

ENROLLMENT FORM – ELECTRONIC FUND TRANSFER (EFT)

St. Elizabeth Ann Seton Parish ~ 280 E. Square Lake Road ~ Troy, MI 48085 ~ 248-879-1310

WEEKLY CONTRIBUTION

AMOUNT: \$ _____

(Notes: 1. Minimum weekly offering is \$15.00 due to electronic transaction cost. 2. Weekly offering is deducted once a month. Monthly contribution amount will be calculated based on your weekly contribution amount multiplied by the number of Sundays in the month. 4 months of the year have 5 Sundays.)

In addition to your weekly contribution, you may also choose to give to the following special collections. The amount indicated will be debited in the month listed.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> All Saints Day	\$ _____	November
<input type="checkbox"/> Ash Wednesday	\$ _____	February	<input type="checkbox"/> All Souls Day	\$ _____	November
<input type="checkbox"/> Easter Flowers	\$ _____	April	<input type="checkbox"/> Christmas Flowers	\$ _____	December
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Assumption of Mary	\$ _____	August	<input type="checkbox"/> Christmas Offering	\$ _____	December
<input type="checkbox"/> Maintenance Fund	\$ _____	Monthly	<input type="checkbox"/> Debt	\$ _____	Monthly
<input type="checkbox"/> Maintenance Fund (select month for deduction _____)	\$ _____	Annual	<input type="checkbox"/> Debt (select month for deduction _____)	\$ _____	Annual

Name: *(please print)* _____

Street Address: _____

City/State/Zip Code: _____

Telephone (including area code): _____

E-mail: _____

I would like to enroll in the EFT at SEAS program. I understand that my weekly/monthly contribution amount will be transferred directly from my checking account or credit card as stated above, a record of my gifts will appear on my bank or credit card statement and my transfers will begin next month. I understand that I can increase, decrease or suspend my giving by contacting SEAS. *{All gifts provided to the Church originating as Automated Clearing House transactions comply with U.S. law.}*

Signature: **X** _____ Date: _____

For Checking Account Debit: Please return your completed form and a copy of your voided check to SEAS.

For Credit Card Debit: Please complete the following credit card information then return to SEAS. *(Please print.)*

Type of Credit Card: VISA MasterCard **Please provide 3-digit security code from back of card:** _____
(Imprint Required for Initial Start-Up)

Credit Card #: _____ Expiration Date: _____

Print Name as Appears on Card: _____

Signature: _____