



St. Mary's Catholic Church

2612 W. State Street
Boise, Idaho 83702-2243

208-344-2597
Fax: 344-9337

ELECTRONIC FUNDS TRANSFER

**Authorization/Request Form
Processed on the 15th of each month**

Please Print:

Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____

Automatic Bank Withdrawal:

Bank Name: _____

Bank Account Number: _____

Routing Number: _____

Tithe: \$ _____ Debt Reduction: \$ _____ Food Bank \$ _____

Total amount per month \$ _____

Start Date: _____ thru _____

Signature: _____ Date: _____

****** A VOIDED CHECK MUST BE ATTACHED TO THIS FORM******