

**SAINT JOSEPH CATHOLIC CHURCH**

135 N Water St, PO Box 68,  
Fort Jennings, OH 45844  
419-286-2132

**AUTOMATIC FUNDS TRANSFER AUTHORIZATION**

Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing/Transit # \_\_\_\_\_

Bank Account # \_\_\_\_\_

Please transfer from my: Checking \_\_\_\_\_ Savings \_\_\_\_\_

In the total amount of: \$ \_\_\_\_\_ of which I want credited to the following:

Amount to General Fund \$ \_\_\_\_\_

Amount to Maintenance Fund \$ \_\_\_\_\_

Transfer Frequency: Weekly \_\_\_\_\_ Every Other Week \_\_\_\_\_ Monthly \_\_\_\_\_

Semi-Annually \_\_\_\_\_ Annually \_\_\_\_\_

To Begin (Date) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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I wish to terminate this agreement with St Joesph Catholic Church

Signature \_\_\_\_\_ Date \_\_\_\_\_