

Electronic Funds Transfer (EFT) Form

Giving without opening your checkbook!



To enroll, print and complete this form and mail to:

Sisters of St. Francis
Development Office
843 13th Ave N
Clinton, IA 52732-5115

AUTHORIZATION: I authorize Sisters of St. Francis, Clinton, Iowa to process debit entries to my checking or savings account as indicated below. This authority will remain in effect until I give reasonable written notification to terminate this authorization.

Authorized Account Signature: _____
(signature required)

Please give my gift directly from my: Savings Account Checking Account

(Please print the information below)

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

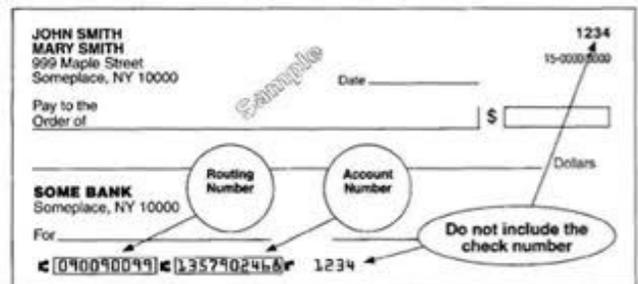
All information is CONFIDENTIAL

Frequency & Amount of Gift

Amount \$ _____

- Monthly - First business day of each month
- Quarterly - Please specify which four months:
- Annually - Please specify which month:

Bank: _____
City, State, Zip: _____
Routing Number: _____
Account Number: _____
Begin Date: _____



Note: The routing and account numbers may appear in different places on your check.