

SISTERS OF ST. FRANCIS, CLINTON, IOWA

ELECTRONIC FUNDS TRANSFER (EFT) FORM

Giving without opening your checkbook!

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

SISTERS OF ST. FRANCIS
843 13TH AVENUE NORTH
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**

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

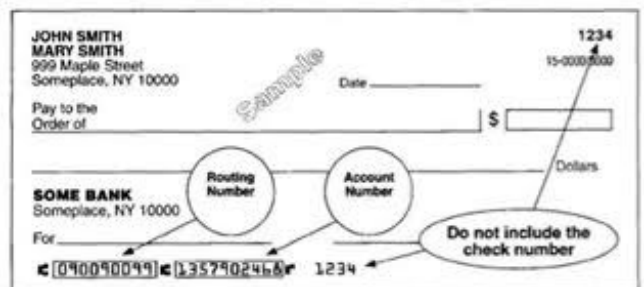
FREQUENCY & AMOUNT OF GIFT

Amount \$ _____

Monthly - First business day of each month

Quarterly - Please specify which four months: _____

Annually - Please specify which month: _____



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

Please enclose a blank deposit slip or voided check. Thank you!