



Electronic Funds Transfer Form

Thank you for inquiring about our Electronic Funds Transfer charitable contribution program. By completing and returning this form you will be on your way to establishing an easier and less costly way of making a gift to the Sisters of St. Francis (SOSF). This notification to draft your account, on or about the 10th of each month, will remain in effect until SOSF have received notification from you of its termination. Your monthly bank statement will adequately describe this draft when it occurs.

You should anticipate the first draft approximately 30-45 days after we have received your authorization.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS

I (we) hereby authorize the Sisters of St. Francis, Sylvania, Ohio, to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account.

TRANSACTION TYPE: New Set-Up Cancellation Change of Information Effective Date: _____

AMOUNT: _____ FREQUENCY: Monthly Quarterly Other – Specify: _____

FINANCIAL INSTITUTION: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING/ABA NUMBER: _____ ACCOUNT NUMBER: _____

This authority for EFT will remain in full force and effect until the Sisters of St. Francis have received written notification from me (or either of us) of its termination in such time and in such matter as to afford the Sister of St. Francis a reasonable opportunity to act on it.

NAME(S): _____ DATE: _____

Please Print

SIGNED: _____ SIGNED: _____

Please complete this form and return along with a voided check to:

Sisters of St. Francis of Sylvania
Attn: Advancement Office
6832 Convent Blvd
Sylvania, OH 43560

