



ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FORM

Please check all that apply.

- New EFT Donor
- Current EFT Donor
 - Please update my EFT information.
 - Please cancel my EFT donation to Holy Family.

I hereby authorize Holy Family Church to collect \$_____ on the 5th or 20th of each month from my checking account. **(Please attach a voided check to this form.)**

This authorization is to remain in force until I revoke it by providing written notice to Holy Family Church (Attention: Theresa Shaw).

Your Name *(Please print.)* _____ Daytime Phone _____

Your Signature _____ Date _____

Email Address _____ Envelope # _____

Return the completed form to Attn:Theresa Shaw.

Holy Family Church
1527 Fremont Ave. ■ South Pasadena ■ California 91030