



St. Alphonse Parish

Electronic Fund Transfer Form

Name	Envelope #
Street Address	(Office Use Only)
City/State/Zip	
Phone #	
Checking OR Savings Account #	Bank Routing #
<i>(If Checking Account, please attach a blank voided check)</i>	
Weekly Sunday Offering (X 52 Weeks)	\$
Monthly Blue Envelope Special Needs (X 12 Months)	\$
Solemnity of Mary	\$
Easter Flowers	\$
Easter	\$
Ascension	\$
Assumption	\$
All Saints	\$
Thanksgiving	\$
Immaculate Conception	\$
Christmas Flowers	\$
Christmas	\$
TOTAL YEARLY OFFERING	\$
<p>I would like my offering transferred once a month on the first Monday of the month. (Divide yearly offering by 12).</p> <p>Monthly Transfer Amount \$ _____</p>	<p>I would like my offering transferred twice a month on the first and third Mondays of the month. (Divide yearly offering by 24).</p> <p>Bi-Monthly Transfer Amount \$ _____</p>
Signature	Date
Signature	Date