



Saint Thomas More Church
1040 Flexer Avenue
Allentown, Pennsylvania 18103-5520
610-433-7413 • stmchurchallentown.org

Electronic Fund Transfer Authorization

Offertory Contribution Information

Please begin automatically deducting \$ _____ from my account. Please indicate the frequency of withdrawal below.

- Weekly (Collected Every Tuesday)
- Bi-Monthly (Collected the 1st and 3rd Tuesday of every month)
- Monthly (Collected the 1st Tuesday of every month)

Bank Name: _____

Bank Address: _____

Bank ABA Routing Number (9 digit number in the lower left corner of your check):

Bank Phone Number: _____

Your Account Number: _____

Type of Account (Check One) _____ Checking (Attach Void Check) _____ Savings

Name on Bank Account: _____

I authorize Saint Thomas More Parish to process debit entries from my account. This authority will remain in effect until I give written notification to terminate this authorization

Signature _____ Date _____

"As each one has received a gift, use it to serve one another as good stewards of God's varied grace." (1 Peter 4:10)