



Our Lady Comforter of the Afflicted

920-R Trapelo Road
Waltham, MA 02452
Phone: 781.894.3481

ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

Name on Account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account specified below <i>(Choose either a bank account or credit card. One account only, please.)</i>	
<input type="checkbox"/> Change indicated below	
<input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund specified below.	

Account Information	
<i>(Choose either Bank Account or Credit Card. Provide information below for one account only.)</i>	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Account Type <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>	
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Contribution Schedule					
Fund Name	Payment Schedule	Amount	Payment Start Date	Collection Date <i>(Choose one date for withdrawal from your account)</i>	Down Payment <i>(if applicable)</i>
Weekly Offertory Fund	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually (2x each year) <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> Cancel	\$
Monthly Maintenance and Repair Fund	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi -Annually (2x each year) <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> Cancel	\$

I authorize Our Lady Comforter of the Afflicted, Waltham, Massachusetts to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$25.00 non-sufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.

Please call the Parish Office at 781-894-3481 x.2 if you have questions or require additional assistance.