

St. Matthew Parish

9303 South Chicago Road
Oak Creek, WI 53154
(414) 762-4200

**STEWARDSHIP
MEMBER AUTHORIZATION FORM**

Thank you for choosing Electronic Funds Transfer for your financial stewardship.

Dollar amount	(This amount will be transferred on the 20 th of each month)
----------------------	---

Please choose between the following two types of accounts:

Checking Account (**please attach a voided check**)
Savings Account (**please attach a savings deposit slip**)

Name on Account: _____

Account Number: _____

Please read and sign below:

I authorize St. Matthew Parish in Oak Creek to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature _____ **Date** _____

****Please return to St. Matthew Parish****

For Church Office Use Only	Envelope #	Date
-----------------------------------	-------------------	-------------