



St. Thomas More Church

1040 Flexer Avenue • Allentown, PA 18103
610-433-7413 • www.stmchurchallentown.org

Electronic Fund Transfer Authorization Offertory Contribution Information

- New
 Change

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."
(I Peter 4:10)