



**St. Brigid
Parish**

**AUTOMATIC TRANSFER OF FUNDS
FOR CHARITABLE GIVING
TO ST. BRIGID CHURCH**

Personal Information

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Envelope Number** _____

AUTOMATIC TRANSFER AGREEMENT

I desire to have automatic transfer of funds to St. Brigid Parish for my monthly charitable giving. I authorize Incenta Federal Credit Union to establish automatic payments from my bank account. These payments will continue until I notify St. Brigid Church that I desire to terminate this agreement. I understand that I can change the amount of the monthly withdrawal by completing a new form.

I authorize the withdrawal of \$ _____ per month from my account
Beginning (month & year) _____

SIGNATURE: _____ Date _____

Bank Name: _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____

Bank Routing Number _____

Payments are to be made from

Checking Account number: _____

Savings Account number*: _____

*Be sure to check with your bank to be certain that automatic payments can be made from your savings account if you select this option.

PLEASE ATTACH A VOIDED CHECK OR BANK DEPOSIT SLIP – agreements cannot be processed without a voided check, copy of a voided check, or accurate savings account number. There will be a \$20 fee charged if there are insufficient funds when the transfer is attempted. Payments will be transferred from your account on the 20th of the month.

Please return this form to St. Brigid Parish Office, 258 Purcell Dr., Xenia, Ohio, 45385, either in the mail, at the Office during regular office hours, or in the collection basket.