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Faith Formation Electronic Funds Transfer Form

Name on account (Print)	Account Holder's Phone #	
Address		
City, State, and Zip		
Email Address	Amount to be billed from Enrollment Form:	\$
Account Information: Please provide either bank or credit card information on the reverse side of this form.		

Bank Name:	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard
Account Type	<input type="checkbox"/> Checking <i>(please attach voided check)</i>	<input type="checkbox"/> Discover
	<input type="checkbox"/> Savings <i>(please attach deposit slip)</i>	<input type="checkbox"/> Visa
	Other: _____	
Routing Number:	Credit Card #	
Account Number:	Credit Card Expiration Date:	

I authorize Saint Katharine Drexel Roman Catholic Congregation, Inc. to debit from the account specified on this form for Faith Formation Enrollment within two weeks of the date this form is returned. I understand there will be a \$25 non-sufficient funds (NSF) fee charged to my account for NSF debits.

Authorized Signature: _____ Date: _____