

Direct Deposit Application

Name on your account: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Email Address: _____

Frequency of funds transfer: *(please check only one)*

- Monthly on the 1st (12 transfers per year)
- Monthly on the 15th (12 transfers per year)
- Semi-monthly on the 1st and 15th (26 transfers per year)

Start date: _____

Church envelope number: _____

Amount per transfer: \$ _____

**Return to the Church Office
to the attention of Bob Bordak**

Attach voided check here: