



*Diocese of
San Jose*

Diocese of San Jose

Office of Financial Services

Parish/School #: _____

Parish/School Name: _____

Our parish/school, do hereby authorize periodic electronic fund transfers for the settlement of the following obligations to the Chancery:

<u>Initial to Select</u>	<u>Category</u>	<u>Account #</u>
_____	Diocesan Assessment	
_____	Health Benefits	
_____	Independent Contractor Payment Funding	
_____	Lay Pension	
_____	Package Insurance	
_____	Loan Repayment	
_____	Priest Pension/Sabbatical/Counseling	
_____	Worker's Compensation Insurance	
_____	Payroll Funding (semi-monthly)	
_____	Valley Catholic Parish Plan	

Signature: _____

Date: _____