

The Roman Catholic Bishop of San Jose
Electronic Funds Transfer Agreement – Site

Name: _____

Address: _____

Email: _____

Phone: _____

Banking Institution: _____

Transit/ABA Number: _____

Account Number: _____

Checking or Savings: _____

Client Signature Authorization:

I authorize the Roman Catholic Bishop of San Jose (“RCBSJ”) to initiate debit or credit entries, electronically or by any other commercially accepted methods, and to initiate, if necessary, adjustments for entries made in error to my checking or savings account.

In addition, I authorize the debit of my checking or savings account in the amount of \$15.00 per failed transaction if any the account or routing information provided is invalid thus causing a rejection, or if there not sufficient funds in the account.

I also hereby authorize any banking institution appointed by the RCBSJ to serve as the banking institution to debit or credit my accounts on behalf of the RCBSJ.

Signature: _____ Date: _____

ATTACH VOIDED CHECK (FOR CHECKING ACCOUNT) OR DEPOSIT SLIP (FOR SAVINGS ACCOUNT) TO THE BOTTOM OF THIS AGREEMENT:



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:

Initial to Select	Category	Bank Account #
_____	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	_____
_____	Fingerprinting	_____
_____	Deposit & Loan Fund	_____
_____	Other _____	_____

Signature: _____

Date: _____