



Monthly Sponsorship Electronic Funds Transfer (EFT) Authorization

All donations count towards the Sponsorship Categories

Name: _____

Spouse: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Monthly Sponsorship Amount:

___ *Servants of Seton (Under \$100)* ___ *Guardian of Seton - \$10 0* ___ *Saints of Seton - \$250*
___ *Angels of Seton- \$500* ___ *Archangels of Seton - \$1,000* ___ *Cherubim of Seton - \$2,500*

Start Date: / / **Checking:** _____ **Savings:** _____

Name of Financial Institution: _____

Account Number: _____ **Bank Routing Number:** _____

Electronic Funds Transfer Statement of Authorization:

I do hereby give permission to St. Elizabeth Ann Seton Catholic School and their banking institution to debit the authorized amount stated above once every month. This authorization will be valid until revoked by me in writing to St. Elizabeth Ann Seton Catholic School. I understand that this is a tax-deductible donation to St. Elizabeth Ann Seton Catholic School and I will receive an acknowledgement of my yearly contribution in the month of January the following year.

Signature(s) of Account Holder(s) (Mandatory) **Date:** / /

Please mail this form along with a voided check to the address given below. Within the next two months, you will begin to see the deducted amount on your bank statement (deducted the first week of each month)

*Many organization's match dollar for dollar on any donations you make to a non-profit organization. Please check with HR Dept. of your organization and send the relevant completed forms along with this form. Please keep a copy of this form for your records.

Seton Catholic Greatly Appreciates Your Contribution!

Academic Excellence
FAITH, VIRTUE & FAMILY