

St. Patrick's Catholic School  
4101 Norbeck Road  
Rockville, MD 20853

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Monthly contribution: \$ \_\_\_\_\_  
To the St. Patrick's School Annual Fund

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Electronic Funds Transfer Information: **(Please attached a voided check)**

Account Name: \_\_\_\_\_

Bank: \_\_\_\_\_

Routing Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type account: Checking or Savings (circle one)

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This authorization is to remain in force and effect until the St. Patrick's Church/School as received written notification from me of its termination in such time and in such manner as to afford the Church/School a reasonable opportunity to act on it. The monthly amount specified will be withdrawn from your account on the first Friday of each month.

Authorized by: \_\_\_\_\_  
(Please sign)

Date: \_\_\_\_\_