



**Electronic Funds Transfer (EFT) Request Form**  
**ARCHBISHOP SMITH PORTRAITS**

Parish Name: \_\_\_\_\_

Please debit parish account Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

The total amount of \$ \_\_\_\_\_.

Approved on (date): \_\_\_\_\_

\_\_\_\_\_  
Pastor's Name

\_\_\_\_\_  
Second Authorized Signatory Name

\_\_\_\_\_  
Pastor's Signature (mandatory)

\_\_\_\_\_  
Second Authorized Signatory Signature (mandatory)