



THE ANNUNCIATION GREEK ORTHODOX CATHEDRAL

EFT Enrollment Form

I hereby authorize the Annunciation Greek Orthodox Cathedral to make my monthly stewardship payment on my behalf from the checking or savings account listed below.

CHOOSE ONE:

Checking Account Transfer*
(*Voided check must be included)

Savings Account Transfer
Savings Acct. No. _____

I understand that I am in full control of my EFT payment, and if at any time I decide to make any changes or discontinue this service, I will call or notify the Cathedral office.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email: _____

Envelope#: _____

(We will look it up if you don't remember it)

Monthly Payment Amount: \$ _____

Signature: _____

Date: _____

To Register:

- 1) Complete this enrollment form.
- 2) Place your completed form in envelope addressed to the address below (or place in a provided envelope).

*If you choose to pay with the checking account option, please enclose a voided check.

- 3) Mail to:

Annunciation Greek Orthodox Cathedral
555 N High St.
Columbus, OH 43215