

St. Elizabeth School
917 Montrose Road
Rockville, MD 20852
Phone: 301-881-1824 301-881-6035 (fax)
www.stelizabethschoolmd.org

Automatic Fund Transfer Request

I/We hereby EagleBank to debit my/our bank account with

_____, ABA# _____, account
(bank name)

number _____ (please attach a voided check), located in

_____ to be credited to the account of St. Elizabeth
(city, state)

Catholic Church.

* * * * *

Amount to be charged \$ _____

Check one: ___ Annually ___ Semi-Annually ___ Quarterly ___ 9 Months
___ 10 Months

Transactions will occur on the 25th of the month (Annual payment is in May, Semi-Annual payments are in May and November, Quarterly payments are in May, August, November, and February).

Customer Name _____

Signature

Date

Daytime Telephone Number (s) _____

E-mail address: _____

Please return the completed form, along with a voided check, to St. Elizabeth School in an envelope to the attention of Mrs. Linehan.