

# Authorization Agreement

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS FROM BANK ACCOUNT

I hereby authorize St. Andrew Catholic Church ("*Church*") to instruct my financial institution to make these payments at the frequency indicated from the account listed below. The authority remains in effect until *Church* has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until *Church* has sent me written notice of termination of this agreement.

### CONTACT INFORMATION

\_\_\_\_\_  
Title/Name (Mr/Mrs/Ms/Dr.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Envelope #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip + 4

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Signature

### REQUIRED FINANCIAL INSTITUTION INFORMATION

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Checking Account #

\_\_\_\_\_  
Authorized Contribution Payment Amount

Frequency (please mark your choice):

\_\_\_\_\_ Weekly contributions will be debited on Mondays

\_\_\_\_\_ Twice-per-month contributions will be debited on the 5th and the 20th

\_\_\_\_\_ Monthly contributions will be debited on the 5th or the 20th (circle your choice)

\_\_\_\_\_ Quarterly contributions will be debited on the 5th of the first month of each quarter (January, April, July and October)

(Normal Timing of Payments are subject to change based on holidays and weekends)

(Please attach a voided check)

