MONTHLY SUNDAY OFFERTORY
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: **St. John the Baptist Catholic Church & Holy Trinity Student Center**

I (we) hereby authorize **St. John the Baptist Catholic Church & Holy Trinity Student Center**, hereinafter called **COMPANY**, to initiate debit entries to my (our) [ ] Checking, [ ] Savings account (select one) on the [ ] first, [ ] second, [ ] third, [ ] fourth Monday of the month in the amount of $_____ (monthly amount) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same to such account.

IF CHECKING ACCOUNT, PLEASE ATTACH A VOIDED CHECK.

DEPOSITORY NAME_____

CITY_____ STATE_____ ZIP_____

TRANSIT/ABA NO. (Bank routing number):_____

ACCOUNT NO.:_____

MONTHLY AMOUNT: $_____ START DATE OF FIRST WITHDRAWAL: ___/___/___ Env. #_____

This authority is to remain in full force and effect until **COMPANY** has received written notification 30 (thirty) days prior from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** a reasonable opportunity to act on it. If joint account, both names and signatures are required.

NAME_____ NAME_____
Please print Please print

ADDRESS_____

CITY_____ STATE_____ ZIP_____

PHONE_____ EMAIL:_____

SIGNED_____ SIGNED_____

DATE_____ DATE_____