

**WEEKLY 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 Monday, weekly amount of \$\_\_\_\_\_ 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.: \_\_\_\_\_

WEEKLY 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 \_\_\_\_\_  
Please print

NAME \_\_\_\_\_  
Please print

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNED \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_