

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENT
FOR ST. PHILOMENA REGULAR COLLECTION**

I hereby authorize St. Philomena Church hereinafter called CHURCH to initiate debit entries to my Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSTIORY NAME _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA NO. _____ **CHECKING ACCT. NO** _____

.....
I wish to pay **weekly** the amount of \$ _____ (The amount will be taken out every Friday)

I wish to pay **monthly** the amount of \$ _____ on the _____ 1st or _____ 16th day of the month.

BREAKDOWN OF PAYMENT:

General collection \$ _____ School Endowment \$ _____

Building Fund \$ _____ Adopt-A-Student \$ _____

Fuel \$ _____ Pantry \$ _____

My total weekly payment will be \$ _____ My total monthly payment will be \$ _____

.....
This authority is to remain in full force and effect until CHURCH and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford CHURCH and DEPOSITORY a reasonable opportunity to act on it.

NAME _____

DATE _____ SIGNED _____

ATTACHED VOIDED CHECK HERE

To participate in St. Philomena's automatic debit program for payments, please complete this form by following the steps below:

1. Complete depository name (name of the institution where your account is).
2. The city, state and zip code for your institution (can be found on your checks).
3. Transit/ABA number: a 9 digit number on the bottom left of your checks.
4. Checking account number: found in the bottom center of check. Please include all zeros.
5. Indicate the amount to debit, which day you want your withdrawal made, and how you want these funds distributed.
6. Print your name. Then date and sign the form.
7. **ATTACH A VOIDED CHECK** for verification.