



Church of Saint John

AUTHORIZATION FOR DIRECT PAYMENT

I authorize St. John's Catholic Church and the financial institution named below to initiate electronic entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(Name of Financial Institution) (Branch)

(City) (State) (Zip Code)

(Signature) (Date)

(Name - Please Print)

(Address - Please Print)

Account Number _____ Checking Savings

Financial Institution Routing Number **||** : _____ **||** :

Sunday Envelope Amount: \$ _____

Frequency: Weekly Monthly Quarterly Annually

RETAIN FOR YOUR RECORDS

On _____, I authorized St. John's Catholic Church to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address below.

Payment amount \$ _____ Payment Frequency _____
(If payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)

Staple Voided
Check Here