

**SUNDAY OFERTORY WEEKLY
AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED PAYMENTS**

COMPANY NAME: St. John the Baptist Catholic Church

I (we) hereby authorize St. John the Baptist Catholic Church, hereinafter called COMPANY, to initiate debit entries to my (our) [] Checking [] Savings account (select one) on Monday, weekly 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. _____ - _____ - _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received written notification (within time frame) 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 must have both names and signatures)

NAME _____ NAME _____
Please print Please print

SIGNED _____ SIGNED _____

DATE _____ DATE _____

Phone # _____ e:mail _____