ALL SAINTS CATHOLIC CHURCH
AGREEMENT for PREAUTHORIZED PAYMENTS

I (we) hereby authorize All Saints Catholic Church to initiate debit entries to my (our) account indicated below, and for the depository named below, hereinafter called Depository, to debit same to such account. I understand that these deductions will continue, unless I notify the Bookkeeper IN WRITING of desired changes a minimum of 30 days in advance of effective date.

Name of Banking Institution: _____

☐ Checking (Attach Void Check Below)

☐ Savings

Bank Address: _____

_____

Transit/ABA Number: _____

Account Number: _____

Date of Debit Amount Effective Date: _____

☐ 1st of each month $ _____

☐ 15th of each month $ _____

Offertory Envelope Number: _____

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone No: _____ Phone No: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

PLEASE ATTACH A VOID CHECK IF A CHECKING ACCOUNT IS SELECTED.