

Authorization Agreement

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS FROM BANK ACCOUNT

I Hereby authorize St. Mary Mystical Rose Catholic Church (**Church**) to instruct my financial institution to make these payments monthly from the account listed below. This remains in effect until **Church** has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until **Church** has sent me written notice of termination of this agreement.

CONTACT INFORMATION

Name _____ Date _____
Mailing address _____ Envelope # _____
City _____ State _____ Zip _____
Daytime Phone Number _____ Signature _____

FINANCIAL INSTITUTION INFORMATION (REQUIRED)

Name of Financial Institution [] Checking [] Savings
City _____ State _____ Zip _____
Routing/Transit/ABA No. _____ Account No. _____

Authorized Contribution/payment Amount

Frequency: [] Monthly (debited on the 15th of month)*

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_____ (holidays/weekends)

*subject to change based on

This completed form should be submitted to the Parish Office ~ Attn: Renee Rumph

St. Mary Mystical Rose Catholic Church
24040 Armada Ridge Rd., Armada MI 48005