

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

I, the undersigned participant in a pre-arranged payment plan, hereby authorize **St. Joseph Catholic Church** to initiate debit entries in the amount of: (choose one of the following options)

- \$ _____ Weekly Beginning on Monday _____, 20____,
- \$ _____ Bi-Weekly Every other Monday - beginning on Monday _____, 20____,
- \$ _____ Monthly Beginning on Monday _____, 20____,
- \$ _____ Semi-Monthly On the first Monday on/after the 1st and 15th of the month, beginning _____, 20____.

to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**), and to debit the same to such account and send this amount to **St. Joseph Catholic Church**, Lancaster, PA.

This authority is to remain in full effect until **St. Joseph Catholic Church** has received written notification from me of its termination in such time and in such manner as to afford the church or bank a reasonable opportunity to act on it.

PARTICIPANT INFORMATION

NAME: _____ BY: _____
Please type or print Participant's Signature
DATE: _____

BANK ACCOUNT INFORMATION (Attach copy of voided check)

Bank Name: _____ Bank Account #: _____
Bank 9-digit ABA Transit Routing #: _____ [] Checking OR [] Savings

Attach voided check here

Jane M. Doe John P. Doe 2020 Main Street Anywhere, PA 12345-6789	60-142 313	101
DATE _____		
PAY TO THE ORDER OF _____		\$ _____
SAMPLE CHECK		DOLLARS
MEMO _____		
ψ: 031301422ψ:	4321 98765	101

Bank 9-digit ABA Transit Routing Number

Account Number