

# 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 Sunday \_\_\_\_\_, 20\_\_\_\_,
- \$ \_\_\_\_\_ Bi-Weekly Every other Sunday - beginning on Sunday \_\_\_\_\_, 20\_\_\_\_,
- \$ \_\_\_\_\_ Monthly Beginning on Sunday \_\_\_\_\_, 20\_\_\_\_,
- \$ \_\_\_\_\_ Semi-Monthly On the first Sunday on/after the 1<sup>st</sup> and 15<sup>th</sup> 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 _____		\$ _____
<b>SAMPLE CHECK</b>		DOLLARS
MEMO _____		
ψ: 031301422ψ:	4321 98765	101

↓  
Bank 9-digit ABA Transit Routing Number

↓  
Account Number