



AUTHORIZATION FOR DIRECT PAYMENT

STAPLE VOIDED
CHECK HERE

I authorize _____ and the financial institution named
(PARISH NAME)
below to initiate electronic entries from my checking/savings account. This authority will remain in effect until I
notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act
on it. I can stop payment of any entry by notifying my financial institution 3 days before my account it charged.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(SIGNATURE) (DATE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

Account Number _____ Checking Savings

Financial Institution Routing Number _____

RETAIN FOR YOUR RECORDS

On _____ I authorized
(DATE)

(PARISH NAME)

(ADDRESS)

(PHONE)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the
authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$ _____ (If payment amount changes we will notify you at least 10 days

Regular payment date _____ before the regularly scheduled payment date.)

Please use one of the following as “Parish Name”

- Cathedral of the Holy Trinity
- Church of St. John the Baptist
- Church of St. Mary
- Church of St. George