

SAINT JOSEPH CATHOLIC CHURCH

670 West Main Street, Plain City, Ohio 43064



Office Phone (614) 873-8850 Fax (614) 873-0735 Email office@saintjosephplaincity.com

Authorization Agreement for Preauthorized Payments

Name _____ SS# _____

Address _____ City _____ State _____

Email Address (optional) _____ @ _____

I (we) hereby authorize **St. Joseph Catholic Church**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for the fund marked below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Routing #) _____ (Account #) Type of Acct: Checking
 Savings

Start Date _____ Ending Date _____

Amount \$ _____

Frequency: Monthly on (circle) 1st / 15th

Fund: Development Offertory Other _____

This authority is to remain in full force and effect until COMPANY has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Signature)

(Signature)

(Date)

PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM!