

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Please Print

Name: _____ Phone: _____
(As it appears on financial institution records)

Address: _____ City: _____ State: _____ Zip: _____

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____ Checking Account #: _____

I hereby authorize the Financial Institution named above to pay \$_____ for my Stewardship Contribution.

_____ Weekly Contribution

_____ Monthly Contribution

by charging each payment to my account and to make that deduction payable to the order of Saint Richard Catholic Church. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Saint Richard Catholic Church reserve the right to terminate this payment plan (or my participation therein).

DATE: _____ SIGNATURE: _____

NOTE: Please return this authorization and a VOIDED check on your account to:

Saint Richard Catholic Church

P. O. Box 16547

Jackson, MS 39236

ATTN: Finance Office