

St Cecilia Roman Catholic Church
Authorization Agreement for Automatic Offertory Payments
(ACH Debits)

How will Automatic Payments for offertory benefit YOU?

- No more checks to write!
- Can be changed or temporarily altered at any time.
- You won't have to worry about missing a Sunday offertory when you are on vacation, at a wedding, etc., although you will still receive envelopes for your desired use.

How will Automatic Payments for offertory benefit St Cecilia?

- Consistent payment of offertory will help us meet our annual budget.
- Less time needed to count money.
- Easier and more accurate record keeping of Sunday collections.
- Even when you are away from St Cecilia for a weekend, your Parish will receive the necessary funding needed for its expenses.

Please fill out the information below and drop in the collection basket or at the Church Office

Name: _____ **New Application :** _____

Change Only : _____

Address: _____ **Cancel:** _____

(Please check one)

Phone #: _____ **Email:** _____ **Authorization**

Effective Date: _____

I (we) hereby authorize St Cecilia to initiate debit entries to my (our) **Checking or Savings (circle one only)** account in the financial institution named below.

The amount semi-monthly/monthly/one time of debit from the account is \$_____.

The amount should be withdrawn (**choose one**): _____ Semi-monthly on the 2nd and 4th Wednesday of the Month

_____ Monthly on the 2nd Wednesday of the Month

_____ One-time 2nd or 4th Wednesday (*circle one*) Month _____

I (we) expressly agree that St Cecilia's liability under this authorization agreement shall be limited exclusively to amounts exceeding the agreed upon amount as determined above which are negligently debited by St Cecilia.

Signature: _____ **Date:** _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL ST CECILIA HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD ST CECILIA AND THE BANK (DEPOSITORY) A REASONABLE OPPORTUNITY TO ACT ON IT.

Checking account Debit: Please attach a voided blank check

Savings account Debit: Please have your bank complete this information

Transit Routing Number: _____

Account Number: _____

Bank (Depository) Name: _____

Bank (Depository) Address: _____