

# St. Theresa Catholic Church

## Payment Authorization Form - Sunday Offering

Church Name: <b>St. Theresa of the Infant Jesus Catholic Church</b>		
Name on Account (Print) _____		
Account Holder's Phone #: _____		
Address: _____		
City: _____	State: _____	Zip: _____
I authorize the following:      New Payment from Account Specified Below Change indicated Below Discontinue Electronic Funds Transfer from Account or Fund Specified Below		

Bank Account Information	
Bank Name:	_____
Account Type:	<input type="checkbox"/> Checking (please attach voided check) <input type="checkbox"/> Savings (please attache deposit slip)
Routing Number:	_____
Account number:	_____
Authorization Effective Date:	_____

Contribution Schedule				
Fund Type	Payment Schedule	Amount	Payment Start Date	Collection Date <small>Choose date for withdrawal from your account</small>
Sunday Offering	Monthly			<b>5th</b> <b>10th</b> <b>20th</b>

I authorize the above-named church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a **\$4.50** nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized Account Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach your voided check or savings deposit slip**

If you currently use Electornic Fund Transfer for your **PLEDGE** you **MUST** use the same account for your Sunday Offering Electronic Cund Transfer.