

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

**Mary Immaculate Catholic Church**

**Please return to the Parish Center or deposit in the Sunday Collection Basket**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Payment amount: \$\_\_\_\_\_

- Once per month, the 1<sup>st</sup> Friday       Once per month, the 3<sup>rd</sup> Friday  
OR  
 Twice per month, the 1<sup>st</sup> and 3<sup>rd</sup> Friday

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

- Checking       Savings

E-Mail Confirmation To: \_\_\_\_\_

- I would like to continue receiving Contribution Envelopes  
 Please discontinue my Contribution Envelopes

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: Please attach a voided check below**