

# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

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

I (we) authorize St. Francis of Assisi Catholic Church, hereinafter called SFA Church, to initiate debit entries to my (our) checking or savings account indicated below at the depository named below, hereinafter called Legacy Bank, to debit the same to such account for the amount of \$ \_\_\_\_\_ on either of the following:

\_\_\_\_\_ (Monthly) The first day of every month

\_\_\_\_\_ (Weekly) Monday of every week

Your Bank Name: \_\_\_\_\_ Your Bank Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

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

This authorization is to remain in full force and effect until SFA Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SFA Church and Legacy Bank a reasonable opportunity to act on it.

Name (s): \_\_\_\_\_

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

Please attach a voided check if possible to this agreement for validation