

**ST. PETERS CHURCH  
PAYMENT AUTHORIZATION FORM**

<b>Church Name</b> St. Peters Church		
<b>Name on Account (Print)</b>		<b>Account Holders Phone #</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>I authorize the following</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>New payment from account specified below</b></li> <li><input type="checkbox"/> <b>Change indicated below</b></li> <li><input type="checkbox"/> <b>Discontinue electronic funds transfer from account or fund specified below</b></li> </ul>		

<b>Bank Account Information</b>	
<b>Bank Name</b>	
<b>Account Type</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Checking (please attach voided check)</b></li> <li><input type="checkbox"/> <b>Savings (please attach voided deposit slip)</b></li> </ul>	
<b>Routing Number</b>	
<b>Account Number</b>	
<b>Authorization Effective Date</b>	

<b>Contribution Schedule</b>				
<b>Fund Type</b>	<b>Payment Schedule</b>	<b>Amount</b>	<b>Payment Start Month</b> (Sep 2010 or later)	<b>Collection Date</b> (Withdrawal date each month)
<b>Weekly/Monthly Offering</b>	<input type="checkbox"/> <b>Weekly</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>One Time</b>	\$		<input type="checkbox"/> <b>5th</b> <input type="checkbox"/> <b>20<sup>th</sup></b>
<b>Educational Assistance</b>	<input type="checkbox"/> <b>Weekly</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>One Time</b>	\$		<input type="checkbox"/> <b>5th</b> <input type="checkbox"/> <b>20<sup>th</sup></b>
<b>Holy Day</b>	<input type="checkbox"/> <b>Weekly</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>One Time</b>	\$		<input type="checkbox"/> <b>5th</b> <input type="checkbox"/> <b>20th</b>
<b>Christmas/ Easter</b>	<input type="checkbox"/> <b>Weekly</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>One Time</b>	\$		<input type="checkbox"/> <b>5th</b> <input type="checkbox"/> <b>20<sup>th</sup></b>

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give 30 days written notice for any change or cancellation to terminate authorization. I understand there will be a \$15.00 non-sufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: \_\_\_\_\_

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

**Please attach a copy of a voided check or saving deposit slip.**