

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

St. Francis Church & School

I (We) hereby authorize St. Francis Church, Humphrey, hereafter called "COMPANY", to initiate debit entries to my (our) checking account indicated below and the bank name below, hereafter called "BANK", to debit the same to such account.

Customer Name: _____

Bank Name: _____

City: _____ State: _____

Bank Routing or ABA Number : _____

Account Number: _____

Account Type: Checking Savings

	Monthly Amount	Begin Date (Month/Year)	Monthly Draw Day (Circle One)	Name of Collection (Ex: Church/School/PRE)
Tuition	\$ _____	_____	15 th or 21 st	_____
Tithing	\$ _____	_____	15 th or 21 st	_____
Tithing	\$ _____	_____	15 th or 21 st	_____
Other	\$ _____	_____	15 th or 21 st	_____

This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Signature _____

Date _____

TERMINATION REQUEST:

I (we) request termination of electronic fund transfers to St. Francis Church and/or School.

Signature _____

Date _____