



SAINT PETER

700 STATE ROAD Z, FULTON, MISSOURI 65251 TELEPHONE 573-642-5562

Yes! I'd like to sign up for Electronic Contributions

Yes! I'd like to make a change to my Electronic Contributions

Member Envelope# _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please accept my ongoing contribution from:

Checking Account (attach a voided check)

Savings Account (attach a savings deposit slip)

Financial Institution: _____

Financial Institution Location (Street Address) _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Transit Routing Number: _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF CONTRIBUTIONS (ACH)

I authorize St. Peter Parish to initiate debit entries to my account indicated above at the financial institution indicated above and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Such debits in the amount of \$ _____ will be made (choose one):

Monthly on the 5rd each month

Monthly on the 20th of each month

Semi-monthly on the 5rd and 20th of each month.

This authorization is to remain in full force and effect until St. Peter has received written notification from me of its amendment or termination in such time and in such manner as to afford St. Peter a reasonable opportunity to act on it. In the event that St. Peter erroneously debits the above account, I authorize St. Peter to credit the account for an amount not to exceed the original transaction. I understand that it is my sole responsibility and duty to verify that the above account has sufficient funds to honor the debit entry.

Authorized signature: _____ Date: _____

(Attach voided check or savings deposit slip here)