

# St. Mary Magdalene Catholic Church

625 Magdala Place, Apex NC 27502 (919) 657-4800 x304

## Authorization Form Electronic Offertory Payment

Name: \_\_\_\_\_ Envelope #: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### PAYMENT OF MONTHLY OFFERTORY:

Payment of \$ \_\_\_\_\_ to be drafted each month on the 10<sup>th</sup> of each month (or the first business day after).

Month/Year drafting should begin: \_\_\_\_\_

(Special collections will be received by the church in the usual manner—via parish envelopes---and will not be drafted.)

### PAYMENT AUTHORIZATION

I (we) agree to the terms marked above and authorize St. Mary Magdalene Church to initiate debit entries to my (our) account as identified below, in accordance with the terms stated above. I (we) understand that any changes to this draft must be made by me (us) in writing, and I (we) agree to these terms and conditions.

\_\_\_\_\_  
Signature(s) of Account Holder(s)

\_\_\_\_\_  
Date signed

### ACCOUNT INFORMATION

\_\_\_\_\_ CHECKING ACCOUNT---**attach voided check**

\_\_\_\_\_ SAVINGS ACCOUNT----**attach deposit slip**

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

Bank Phone: \_\_\_\_\_

Bank Routing Number: (9 digits) \_\_\_\_\_

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