

# Authorization Agreement

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS FROM BANK ACCOUNT

I Hereby authorize St. Mary Mystical Rose Catholic Church (**Church**) to instruct my financial institution to make these payments monthly from the account listed below. This remains in effect until **Church** has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until **Church** has sent me written notice of termination of this agreement.

### CONTACT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Mailing address \_\_\_\_\_ Envelope # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_ Signature \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION (REQUIRED)

\_\_\_\_\_ [  ] Checking [  ] Savings  
Name of Financial Institution  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing/Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Authorized Contribution/payment Amount

Frequency: [  ] Monthly (debited on the 15th of month)\*

\$ \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_ (holidays/weekends)

\*subject to change based on

This completed form should be submitted to the Parish Office ~ Attn: Renee Rumph

**St. Mary Mystical Rose Catholic Church**  
**24040 Armada Ridge Rd., Armada MI 48005**