

St. John Vianney Catholic Church & School
A Stewardship Parish

DIRECT PAYMENT AUTHORIZATION

(Variable Amount/Date)

I (we) hereby authorize _____ hereinafter called "Company", to initiate debit entries to my (our) account and financial institution listed below.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing & Transit Number)

(Account Number)

Type of Account: _____ Checking/Draft _____ Savings/Share

Amount to debit \$ _____ Date to debit: _____

Recurrence: _____ Monthly _____ Weekly _____ One Time _____ Quarterly

I (we) understand that should the regularly scheduled debit amount shown above change, we will receive written notification of the new amount no later than ten (10) calendar days before the scheduled transfer date.

I (we) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

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

(Account Holder Signature)

(Printed Name)

Date

Address

Phone

City State Zip

(Please attach a copy of a voided check or financial institution account verification letter to this form)