

**AUTOPAY AUTHORIZATION FORM**

Check One:

( ) New enrollment. Complete, sign and ***return this form with a voided check.***

( ) Cancel Enrollment. Sign and return this form.

**SECTION A - APPLICANT INFORMATION**

Last name (As it appears on account) \_\_\_\_\_

First name \_\_\_\_\_ Middle initial \_\_\_\_\_

If joint account, list other names \_\_\_\_\_

Current Street Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**SECTION B - BANK ACCOUNT INFORMATION**

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

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

Select one: Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

I hereby authorize and request Saint Patrick Catholic Church and the financial institution listed above to debit the indicated bank account in the amount of \$ \_\_\_\_\_ on the 1st ( ) or 15th ( ) of each month.

I understand that I may terminate this agreement by giving written notice to Saint Patrick Catholic Church. I may do this at any time in writing, but must allow a reasonable amount of time after receipt of Saint Patrick Catholic Church to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_.