

PREAUTHORIZED PAYMENTS AGREEMENT

This is my authorization to St. Michael Church to automatically debit my:

_____ Checking account # _____

_____ Savings account # _____

Bank transit (routing) # _____

Financial Institution _____

Located in (city & state) _____

The total amount to be debited once per month (normally around the 5th of the month) is

\$ _____

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or written notice of such entry or 45 days after posting, which ever occurs first, I give my financial institution a written notice identifying the entry, stating that is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE

Name (please print)

Signature Date

Tithe amount _____ Miscellaneous amount _____

Capital Campaign amount _____ Miscellaneous donation to _____