

SAINT PETER PARISH

39 Church Avenue
PO Box 446
Northbridge, MA 01534-0446
Phone: 508-234-2156 / Fax: 508-234-5123

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Company Name: Saint Peter Parish

I(we) hereby authorize Saint Peter Parish, Northbridge to initiate debit entries to my(our):

Choose one:

Checking Account Savings Account

Indicated below to debit same to such account.

I(we) would like the amount of \$ _____ to be debited from my(our) account:

weekly (every Thursday) monthly (On the first of each month)

Parishioner Bank Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

This authority is to remain in full force and effect until Saint Peter Parish has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Saint Peter Parish a reasonable opportunity to act on it.

Name(s): _____

Email Address: _____ Phone #: _____

Date: _____ Signed: _____

Please Attach Voided Check Here
(If using checking account)