

# CATHEDRAL OF ST. ANDREW

617 Louisiana Street

Little Rock, AR 72201

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## DIRECT DEBIT AGREEMENT

**(Please print or type. Complete both sides of this form and return to the Cathedral Office)**

Name: \_\_\_\_\_

Parishioner Envelope/ID#: \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Please debit my account on the: \_\_\_\_\_ 1<sup>st</sup> of each Month or \_\_\_\_\_ 15<sup>th</sup> of each Month

### AUTHORIZATION

I hereby authorize the Cathedral of St. Andrew to initiate direct debit entries to my checking/savings account indicated above and the Financial Institution above to post the same to such account.

This authorization is to remain in force until the Cathedral of St. Andrew receives written notice of cancellation from the (see below). This notice of cancellation must be received at least thirty (30) days prior to cancellation and in such manner as to afford the Cathedral of St. Andrew reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Cathedral of St. Andrew prior to the receipt of the notice of cancellation.

I further authorize the Cathedral of St. Andrew to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries to my account.

All entries initiated hereunder are to be governed in all respects by the rules of the Mid-America Payment Exchange as now or hereafter in effect.

## PLEASE ATTACH A VOIDED CHECK

### CANCELLATION

I hereby cancel the authorization for the Cathedral of St. Andrew to originate Debit entries to my checking/savings account indicate above, effective on \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_