

# AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

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

Email: \_\_\_\_\_

I (we) hereby authorize **St. Michael the Archangel Catholic Parish** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my (our) checking or savings account indicated below. I (we) also authorize the depository (Bank, Savings & Loan, etc.) named below, hereinafter called "**Depository**," to debit and/or credit the same to such account.

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

Transit Routing Number: \_\_\_\_\_

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

Contribution Purpose: \_\_\_\_\_  
Operations Fund, School Activity Fee, Preschool, etc.

<b>Complete either the recurring or the one-time payment option</b>	
<b>Recurring Contribution</b>	<b>One-Time Contribution</b>
Amount of withdrawal: _____	Amount of withdrawal: _____
Check one ____ 1st of every Month ____ 15th of every Month	Date (Month/Day/Year)

This authority is to remain in full force and effect until **St. Michael the Archangel Catholic Parish** and **Depository** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **St. Michael the Archangel Catholic Parish** and **Depository** a reasonable opportunity to act on it.

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

Signed: \_\_\_\_\_  
Account Holder

Signed: \_\_\_\_\_  
Joint Account Holder (if applicable)

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Alternatively, you may call, email, or send a fax to the Parish Office Accounting Team.

Phone: (913) 402-3933 or 3910

Email: [Accounting@stmichaelcp.org](mailto:Accounting@stmichaelcp.org)

Fax: (913) 851-8220

Address: *St. Michael the Archangel Parish Office*

*ATTN: Accounting Office*

*14251 Nall Ave.*

*Overland Park, KS 66223*