



207 Vandalia St.
Collinsville, IL 62234
618/345-4343

Website: www.saintspeter-paul.org

Authorization Agreement for Direct Contribution Payments (ACH debits)

1. Authorized Signer on Bank Account

Name:	
Address:	
City / State / Zip:	
Home Phone:	Cell:
Email:	Envelope #:

2. ACH Debit Payments for Contributions

Choose **Checking (include voided check)** or **Savings**

Bank Name hereafter called BANK:	
Bank Routing #:	Account #:
Amount to Withdraw:	Start Date:

3. **Payment Date** **1st** or **15th** (the 15th will be used if none selected)
If the date is on a weekend or holiday, the withdrawal will occur on the next business day after.

4. **Check this box if you would like to stop receiving contribution envelopes in the mail.**

5. Authorization

By signing this Agreement, I hereby agree to be responsible for payment as stated above. I hereby accept and agree to be bound by the terms and conditions contained within this ACH Debit Payment Agreement and authorize SS. Peter and Paul Catholic Church, hereafter called CHURCH, to debit entries to the account listed, or any subsequent account provided, and to debit the same to such account. This authorization is to remain in full force and effect until written notification of its termination by authorized parties is received in such time and manner as to afford Church and Bank a reasonable opportunity to act on it.

<i>Signature by Authorized Signer</i>	
<i>On Bank Account:</i> X	<i>Date:</i>
<i>SSPP Approval Signature:</i>	