AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Most Blessed Sacrament Parish
Offertory Collection

I/We hereby authorize Most Blessed Sacrament Parish to initiate debit entries to my/our checking or savings account at the bank/depository named below.

BANK DEPOSITORY NAME:

_____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NR: _____ ACCOUNT NR: _____

These numbers will be filled in by MBS using your voided check.

Debits to be made on the following basis:

☐ Monthly (1st) Payment Amount $_____

☐ Twice per Month (1st and 15th) Payment Amount $_____

This authority is to remain in full force and effect until Most Blessed Sacrament Parish and my BANK/DEPOSITORY have received written notification from me (my spouse) of its termination in such time and in such manner as to afford Most Blessed Sacrament Parish and my BANK/DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____ MBS ENV. NR: _____

DATE:_____ SIGNED: _____

Remember to enclose a blank, <u>voided</u> check!