

# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

NAME \_\_\_\_\_

(Please print)

I hereby authorize St. Paul Parish Catholic Church to withdraw funds automatically from my

(    ) Checking (    ) Savings account (*select one*)

identified below; and I authorize the Financial Institution named below to accept such withdrawals initiated by St. Paul Parish Catholic Church as indicated below, on the last day of each month (Friday, if the last day falls on the weekend).

In the event of an incorrect amount or entry, I authorize St. Paul Parish Catholic Church to reverse this transaction.

Monthly Sunday Offering                    \$ \_\_\_\_\_

Monthly School Support                    \$ \_\_\_\_\_

Monthly St. Vincent de Paul            \$ \_\_\_\_\_

Monthly Capital Campaign  
Debt Reduction Offering                \$ \_\_\_\_\_

Withdrawal to begin on (date) \_\_\_\_\_

**BANK or FINANCIAL INSTITUTION**

\_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

This authorization is to remain in full force and effect until St. Paul Parish Catholic Church has received written notification from me of its termination in such time and in such manner as to afford St. Paul Parish Catholic Church and Financial Institution a reasonable opportunity to act on it.

**DATE** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

*IMPORTANT: Attach a VOIDED CHECK for verification of information purposes.  
If you have any questions please call Cely Andrada 206-725-2050*

*Return this form to:*

Stewardship Commitment, St. Paul Parish Catholic Church, 5600 S Ryan St, Seattle WA 98178