

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Most Blessed Sacrament Parish
****Forward in Faith Capital Campaign Fund****

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: _____

ROUTING NO. _____ ACCOUNT NO. _____

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

Amount to be deducted on the 3rd day of each month for the ***Forward in Faith Capital Campaign Only***: \$ _____ Monthly

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. NO. _____

DATE: _____ SIGNED: _____

Remember to enclose a blank, voided check!