

# Church of St. Paul

30 Pleasant Street • Norwich, New York 13815

Ph: 607-337-2216 Fax: 607-334-6521

## AUTHORIZATION FOR AUTOMATIC PAYMENT

**SELECT: FREQUENCY TO BE PAID (Check one):**

☐ WEEKLY ☐ BIWEEKLY ☐ MONTHLY ☐ QUARTERLY

All weekly and bi-weekly payments will be processed on Monday.

All monthly payments will be processed on the 10<sup>th</sup> of the month.

All quarterly payments will be processed on the 10<sup>th</sup> of January, April, July and October.

**SELECT: 1<sup>ST</sup> PAYMENT DATE (APRIL 1, 2009 OR LATER):** \_\_\_\_\_

(PARISHIONER SHOULD CONTINUE PAYMENTS THROUGH NORMAL METHOD UNTIL THE DATE SELECTED FOR 1<sup>ST</sup> AUTOMATIC PAYMENT).

**SELECT: AMOUNT TO BE PAID AT THE FREQUENCY ABOVE: \$** \_\_\_\_\_

**SELECT: METHOD OF PAYMENT (A or B, and complete account information):**

### **A) CHARGE TO CHECKING OR SAVINGS ACCOUNT:**

**(IF CHECKING IS SELECTED, STAPLE A COPY OF A VOIDED CHECK HERE.)**

I hereby authorize CHURCH to initiate debit entries from my ☐ Checking ☐ Savings account (select one) indicated below and the Bank named below.

BANK \_\_\_\_\_ LOCATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

This authority is to remain in full force and in effect until CHURCH has received written notification from me of its termination in such time and in such manner as to afford CHURCH and BANK a reasonable opportunity to act on it.

I understand that the BANK is not responsible for any errors made by the CHURCH and that the BANK can only initiate debit and credit entries based upon information given to it by the CHURCH. I agree that the BANK has no liability to me if it is unable to make any transfer because of an act of God, mechanical failure or any interruption in communications not within its control, or if sufficient funds are not given to it by the CHURCH in the amount of the required transfer.

### **B) PAYMENT BY CREDIT CARD:**

CREDIT CARD TYPE (Circle One): MASTERCARD / VISA / DISCOVER

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

**6) COMPLETE AND SIGN AUTHORIZATION FOR ABOVE PAYMENTS (By signing below, the signer represents and warrants that he (she) is authorized to place a charge on the account specified):**

NAME (Please print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER (In case of questions): \_\_\_\_\_

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