

## AUTHORIZATION AGREEMENT FOR AUTOMATIC CONTRIBUTION

I, \_\_\_\_\_, hereby authorize Saint Peter the Apostle Church of Libertytown, to initiate debit entries to my Checking ( ) Savings ( ) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same account.

**Please debit my offering as follows:**

Regular Offering: \$ \_\_\_\_\_  
Poor Box Offering: \$ \_\_\_\_\_  
Mortgage Reduction Offering: \$ \_\_\_\_\_

**Total Monthly** offering is \$ \_\_\_\_\_  
Please debit my account on the 1<sup>st</sup> ( ) OR 15<sup>th</sup> ( )  
of each month. (If you wish your offering to be split  
between the 1<sup>st</sup> & 15<sup>th</sup>, please check both dates)

Depository Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Banking Transit/ABA # (always nine digits) \_\_\_\_\_ Account# \_\_\_\_\_

This authorization is to remain in full force and effect until Saint Peter the Apostle Church has received written notification from me of its termination in such time and in such manner as to afford Saint Peter the Apostle Church a reasonable opportunity to act on it.

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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## AUTHORIZATION AGREEMENT FOR CREDIT CARD CONTRIBUTION

I, \_\_\_\_\_, hereby authorize Saint Peter the Apostle Church of Libertytown, to initiate CREDIT CARD TRANSACTIONS to my account indicated below and recorded as follows:

**Please debit my offering as follows:**

Regular Offering: \$ \_\_\_\_\_  
Poor Box Offering: \$ \_\_\_\_\_  
Mortgage Reduction Offering: \$ \_\_\_\_\_

**Total Monthly** offering is \$ \_\_\_\_\_  
Please issue the credit transaction on the 1<sup>st</sup> ( ) OR 15<sup>th</sup> ( )  
of each month. (If you wish your offering to be split  
between the 1<sup>st</sup> & 15<sup>th</sup>, please check both dates)

Please use my \_\_\_ VISA \_\_\_ MCard \_\_\_ AMEX \_\_\_ Discover

Charge my credit card the amount of \$ \_\_\_\_\_ : \_\_\_ Monthly \_\_\_ Twice Monthly

I, \_\_\_\_\_, give authorization to St. Peter's Catholic Church/Libertytown to charge my \_\_\_\_\_ Card, # \_\_\_\_\_, \$ \_\_\_\_\_ each \_\_\_\_\_ (pay period) until I notify St. Peter the Apostle Church otherwise, beginning \_\_\_\_\_. The expiration date on my card is \_\_\_\_\_. I further understand that having given my account number, I do not need to be present at the time of transaction and that by signing this Authorization Form I give consent to each monthly transaction without need of my additional signature.

\_\_\_\_\_  
AUTHORIZED SIGNER

\_\_\_\_\_  
AUTHORIZED SIGNER