

**St. Edward Parish
Payment Authorization Form**

**Return to
Parish Office**

Name on Account (Print)

Account Holder's Phone #

Address

City, State, and ZIP

I authorize the following:

- New Payment from Account Specified Below
- Change Indicated Below
- Discontinue Electronic Funds Transfer from Account Specified Below

Account Information

Bank Name

Account Type Checking (please attach voided check) Savings (please attach deposit slip)

Account Number

Routing Number (not needed if voided check is attached)

PLEASE REMEMBER TO ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

Sunday Offering Contribution Schedule

Payment Schedule

- Monthly
- Quarterly

Amount

\$

Payment Start Date

/ / 2006

Collection Date

- 10th of month
- 20th of month

I authorize St. Edward Parish to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a non-sufficient funds (NSF) fee charged to my account by my bank for NSF debits.

Authorized account signature: _____ Date: _____

For checking or savings accounts, please attach your voided check or savings deposit slip.