AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

St. Francis Church & School
and Archangels Catholic High School

I (We) hereby authorize St. Francis Church, Humphrey, and/or Archangels Catholic High School, hereafter called "COMPANY", to initiate debit entries to my (our) checking account indicated below and the bank name below, hereafter called "BANK", to debit the same to such account.

Your Name: _____

Bank Name: _____

Bank City: _____ Bank State: _____

Bank Routing or ABA Number: _____

Account Number: _____

Account Type: Checking ☐ Savings ☐

	Monthly Amount	Begin Date (Month/Year)	Monthly Draw Day (Circle One)	To what fund would you like this amount applied? (Ex: Church/PRE/St. Francis School/ Archangels School/Tuition, Etc.)
Tithing	$_____	_____	15th or 21st	_____
Tithing	$_____	_____	15th or 21st	_____
Tuition	$_____	_____	15th or 21st	_____
Other	$_____	_____	15th or 21st	_____

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

Signature _____ Date _____

TERMINATION REQUEST:

I request termination of the above electronic fund transfers on the date below:

Signature _____ Date _____