



Automatic Debit Authorization Agreement

I (We) hereby authorize St. Raphael Church and the financial institution named below to initiate entries to my checking/savings account. The authority will remain in effect until I notify St. Raphael's in writing to cancel it. I understand that I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I may revoke my authorization at any time by writing to St. Raphael Church Attn: Admin Office at 1215 Modaff Road Naperville, IL 60540. I have attached a voided check to this form.

Financial Institution Name _____

Account No: _____

Account: check one _____ Checking _____ Savings

Financial Institution Routing # _____ **9 digit # located on bottom left of check**

Day of the Month for Debit: check one _____ 1st _____ 15th

Weekly Contribution \$ _____ x 52 = \$ _____ "Annual Contribution"

I (WE) AUTHORIZE THE AMOUNT DESIGNATED BELOW TO BE DEDUCTED FROM MY ACCOUNT EACH MONTH

"Annual Contribution" divided by 12 = Authorized Monthly Deduction : \$

If your account is a joint account, both account holders must sign

Signature _____
Full Name: (print) _____
Date _____

Signature _____
Full Name: (print) _____
Date _____

ATTACH VOIDED CHECK HERE

RETURN TO: St. Raphael Church 1215 Modaff Rd Naperville, IL 60540

OR



Credit Card Charge Authorization Agreement

I (We) hereby authorize St. Raphael Church to initiate charges to my credit card designated below. The authority will remain in effect until I notify St. Raphael's in writing to cancel it. I understand that I can stop any charge by notifying St. Raphael 3 business days before my account is changed. I may revoke my authorization at any time by writing to St. Raphael Church Attn: Admin Office at 1215 Modaff Road Naperville, IL 60540

Credit Card : check one _____ VISA _____ MASTERCARD

Account No: _____

Expiration Date: _____

Day of the Month for Charge: (Check one) _____ 1st _____ 15th

Weekly Contribution \$ _____ x 52 = \$ _____ "Annual Contribution"

I (WE) AUTHORIZE THE AMOUNT DESIGNATED BELOW TO BE CHARGED TO MY CREDIT CARD ACCOUNT EACH MONTH

"Annual Contribution" divided by 12 = Authorized Credit Card Charge : \$

If your account is a joint account, both account holders must sign

Signature _____
Full Name: (print) _____
Date _____

Signature _____
Full Name: (print) _____
Date _____

RETURN TO: St. Raphael Church 1215 Modaff Rd Naperville, IL 60540