



# Authorization Form - Electronic Payment OUR CHURCH~OUR TIME

Please check appropriate box:

- This is a for a monthly OCOT PLEDGE payment
- This is for STMM Gold Envelope donation

Month/Year drafting should begin: \_\_\_\_\_

Name: \_\_\_\_\_ Envelope/ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\$ \_\_\_\_\_ is to be drafted from my (our) account **MONTHLY** on the 10<sup>th</sup> or the first business day after.

### PAYMENT AUTHORIZATION

I (we) agree to the terms marked above and authorize St. Mary Magdalene Church to initiate debit entries to my (our) account as identified below, in accordance with the terms stated above. I (we) understand that any changes to this draft must be made by me (us) in writing, and I (we) agree to these terms and conditions.

\_\_\_\_\_  
Signature(s) of Account Holder(s)

\_\_\_\_\_  
Date signed

<b>ACCOUNT INFORMATION</b>	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Name: _____	
Routing # : _____	Account # _____
<b>IMPORTANT: ATTACH A VOIDED CHECK HERE</b>	