

St. Mary Magdalene Catholic Church

625 Magdala Place, Apex NC 27502
(919) 657-4800 x7305

Authorization Form - Electronic Offertory Payment

Please check appropriate box:

- This is a NEW Offertory Draft
- This is a CHANGE to an existing Offertory Draft (change bank account/routing number)
- This is a CHANGE to an existing Offertory Draft (change in AMOUNT to be drafted)

Month/Year drafting should begin: _____

Name: _____ Envelope #: _____

Address: _____

Email: _____ Daytime Phone: _____

ELECTRONIC OFFERTORY DRAFT OCCURS MONTHLY UNLIKE ENVELOPE CONTRIBUTIONS WHICH ARE WEEKLY. MAKE SURE TO ENTER THE AMOUNT YOU WANT TO CONTRIBUTE MONTHLY.

Offertory Contribution of \$ _____ to be drafted MONTHLY on the 10th of each month or the first business day after.

Please note: Your parish envelopes will continue to be sent. Special Collections will be received by the church in the usual manner—via parish envelopes.

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

ACCOUNT INFORMATION

- Checking
- Savings

Bank Name: _____

Routing # : _____ Account # _____

IMPORTANT: ATTACH A VOIDED CHECK HERE