



## Authorization Form - Electronic Payment OUR CHURCH~OUR TIME

☐ This is authorization for a monthly electronic OCOT PLEDGE payment

**Month/Year drafting should begin:** \_\_\_\_\_  
(Form needs to be in church office before 1<sup>st</sup> of the month you want to 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

#### ACCOUNT INFORMATION

- ☐ Checking
- ☐ Savings

**IMPORTANT: ATTACH A VOIDED CHECK HERE**  
(cannot begin without a voided check)