

**QUEEN OF ALL SAINTS PARISH
DONATION/AUTOMATIC WITHDRAWAL
PAYMENT AGREEMENT**

I authorize Queen of All Saints Parish to establish an automatic payment from my bank account in accordance with the terms listed under 'payment schedule'.

I agree that all payments may be drawn automatically from my bank account as per the terms listed under "payment schedule" of this agreement. I understand that ten working days will be required to allow for any changes to the amount drawn or to the bank account information. I authorize payments to continue until I notify Queen of All Saints Parish to cancel this process.

I understand after two (2) months of non-sufficient payments my automatic withdrawal will be cancelled and my payments of cash or check will need to be made via my church envelopes.

PAYMENT SCHEDULE

FAMILY INFORMATION

Sunday Donation: _____

Family Name _____

Date of Draws: 2nd Monday of the Month

Envelope #: _____

and 4th Monday of the Month

Address _____

Queen of Angels Annex: _____

City, State _____ Zip _____

Date of Draw: 2nd Monday of the Month

Phone _____

Parish Improvement Donation: _____

Date of Draw: 4th Monday of the Month

First Automatic Draw is to Begin: _____

BANK INFORMATION:

Name of Institution _____

Name of Payer: _____

City, State _____

Account Type: Savings ____ Checking ____

Payer Signature _____

Routing # _____

Date _____

Account # _____

PLEASE ATTACH VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP

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FOR OFFICE USE ONLY

Received by _____ Verified by _____ Date _____

PDS ID _____ Entered by _____ Date _____

