

Authorization Agreement for Prearranged Payments to: St. Gerald Church  
7859 Lakeview St.  
Ralston, NE 68127

I authorize St. Gerald Church to initiate payment charges (debit entry) to my account at the bank named below: and I authorize my bank to accept and pay (debit) such amount from my account described below until further written notice from me.

The periodic payment authorization is for \$\_\_\_\_\_ to be paid:  
Monthly on the \_\_\_\_ 5<sup>th</sup> day or \_\_\_\_ 20<sup>th</sup> day of each month starting in  
\_\_\_\_\_, 200\_\_

My Bank is(name) \_\_\_\_\_  
(street address) \_\_\_\_\_  
(city/state/zip) \_\_\_\_\_  
(account number) \_\_\_\_\_

**(attach sample check marked VOID)**

My bank's transit number is: \_\_\_\_\_  
(ask your bank for this number)

Purpose of payment: \_\_\_\_\_ Sunday Stewardship  
\_\_\_\_\_ Gift of Gratitude

My Name is: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Any payment may be rescinded by notifying the bank within a reasonable time after notice of posting has been received. Such right of rescission may only be waived as to a specific entry or entries previously initiated by St. Gerald Church.

Be sure form is entirely completed before returning to the business office through the collection or mail to 7859 Lakeview. We need about two weeks prior to actual transmission to verify information.