

St. Gerald Catholic Church – Building the Body of Christ

Authorization Agreement for Prearranged Payments to: St. Gerald's 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.

Purpose of payment: _____ Sunday Donation
_____ School Tuition
_____ New Church Campaign

The periodic payment authorization is for \$ _____ to be paid:
____ Monthly on the:
____ 5th, ____ 15th or ____ 25th day of each month starting in _____, 200__
OR
____ Weekly each Friday beginning _____, 200__.
(month) (day)

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

(attach sample check marked VOID or a deposit slip)

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

My Name is: _____ Soc.Sec #: _____ / _____ / _____

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Any payment may be rescinded by notifying the bank within a reasonable time after notice of posting has been received.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.