

AUTHORIZATION FORM

I authorize the Church of St. John the Baptist to debit my account described below for offertory payments to Church of St. John the Baptist.

Checking Account No. _____ **OR**

Savings Account No. _____

Financial Institution Name _____

Financial Institution Address _____

IMPORTANT: You must attach a voided check or savings withdrawal slip to this authorization form.

Full Name (please print) _____

Address _____

Phone # _____

Signature _____

Date _____

Start Date _____

End Date _____

Payment Choice: **Weekly (Mondays)** **Bi-weekly (1st & 15th)**
Monthly (1st or 15th)

Payment Plan Option: **Offering 1st** _____ **Offering 15th** _____
(choose one or more) (1st of month) (15th of month)

Weekly _____ **Monthly** _____
(Every Monday) (1st or 15th of Month)

Total payment amount to be deducted per payment \$ _____

Church of St. John the Baptist
106 W. Main Street, P.O. Box 8
Vermillion, MN 55085