

Authorizations for Direct Payment Automatic Bill Payment

Company Name: St. Brigid Catholic Church (the "Company")

I (we) authorize the Company to initiate variable entries into my (our) account described below:

Checking Account No. _____	Savings Account No. _____
Routing No. _____	Amount: _____ How often: Monthly ___ Semi-Monthly ___
Financial Institution's Name	Date of Withdrawal: 5 <sup>th</sup> _____ and/or 20 <sup>th</sup> _____

This authority is to remain in full force and effect until the Company has received written notification from an authorized individual of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Signature: _____	(Optional – For Joint Account)
Full Name: _____	Signature: _____
Address: _____	Full Name: _____
Date: _____	Address: _____
Telephone No. _____	Date: _____
	Telephone No. _____

**ATTACH CHECK, SAVINGS DEPOSIT SLIP HERE**