

CONSUMER DEBIT AUTHORIZATION

Direct Payment Enrollment for Sunday Offering or School Donation

Sts. Peter & Paul Church
307 N. Locust Street
Ottawa, Ohio 45875
419-523-5216

Please deduct my Direct Payment from my account as follows:

Amount of Monthly Payment for Sunday Offering \$ _____

Amount of Monthly Payment for School Offering \$ _____

Your Name: _____

Your Telephone Number: _____

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Type of Account:

Checking

Savings

Account No. _____

(Choose One) Deduct Amount on: _____ 15th or _____ 30th of Month

I authorize Sts. Peter & Paul Church to deduct the amount indicated above from the account listed above. I understand that if I decide to discontinue this payment plan I will notify the company named above in writing at the following address:

Company St. Peter & St. Paul Church

Address 307 N. Locust St.

City, State Zip Ottawa, OH 45875

SIGNATURE: _____

DATE: _____

NOTE: Enclose a voided check or savings deposit slip with this form.