

St. Peter Catholic Church
243 West Argonne Drive
Kirkwood, MO 63122
Telephone: 314.966.8600
Fax: 314.966.5721

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

****TITHING AUTHORIZATION FORM****

Member Name(s) _____ Phone Number _____

I (we) hereby authorize **St. Peter Catholic Church** to initiate Direct Debit of tithes and necessary credit entries for adjustment to correct errors to my (our) CHECKING ___ SAVINGS ACCOUNT ___ (select one) indicated below at my/our Banking Institution below, hereinafter called BANKING INSTITUTION.

Banking Institution _____

City _____ State _____ Zip _____

Transit/ABA# _____ Acct # _____
(Bank Account Number - first 9 digits on bottom of check)

Amount of Contribution \$ _____

Frequency of Donation Monthly(only) _____
Withdrawal - Monthly on the 15th - If withdrawal falls on a holiday withdrawal will be submitted the day before the holiday.

This authority is to remain in full force and effect until **St. Peter Catholic Church** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **St. Peter Catholic Church** and **Commerce Bank** (the parish bank) a reasonable opportunity to act on it.

NAME(S) _____
(Please print)

ADDRESS _____

DATE _____ SIGNED _____

DATE _____ SIGNED _____

Please attach voided check for checking account or voided deposit ticket for saving account. **Note: if this is a joint account, all authorized individuals must sign.*