



St. Mary Magdalene Catholic Church

625 Magdala Place, Apex NC 27502 (919) 657-4800 x305

Authorization Form Electronic Payment – New Church Building Fund (Yellow) Envelope

Name: _____ Envelope #: _____

Address: _____

Daytime Phone: _____ Email: _____

NEW CHURCH BUILDING FUND OFFERING:

Offering of \$ _____ to be drafted each month on the 10th day of the month (or the first business day after) for New Church Building Fund Savings.

Month/Year drafting should begin: _____

PAYMENT AUTHORIZATION

I (we) agree to the terms marked above and authorize St. Mary Magdalene Church to initiate debit entries to my (our) account as identified below, in accordance with the terms stated above. I (we) understand that any changes to this draft must be made by me (us) in writing, and I (we) agree to these terms and conditions.

Signature(s) of Account Holder(s)

Date signed

ACCOUNT INFORMATION

____ CHECKING ACCOUNT---**attach voided check**

____ SAVINGS ACCOUNT----**attach deposit slip**

Bank Name: _____

Bank Phone: _____

Bank Routing Number: (9 digits) _____

Your Account Number: _____