

St. Irenaeus Catholic Church  
771 Old Perch Road  
Rochester Hills, Michigan 48307  
248-651-9595

## Authorization Agreement

---

### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS FROM BANK ACCOUNT

I hereby authorize St. Irenaeus Church ("Church") to instruct my financial institution to make these payments at the frequency indicated from the account listed below. The authority remains in effect until Church has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until Church has sent me written notice of termination of this agreement.

### CONTACT INFORMATION

\_\_\_\_\_  
Title/Name (Mr/Mrs/Ms/Dr.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Envelope #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code + 4

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Signature

### REQUIRED FINANCIAL INSTITUTION INFORMATION

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Checking Account #

\$ \_\_\_\_\_  
Authorized Contribution Payment Amount

Frequency (please mark your choice):

- \_\_\_\_\_  
Weekly contributions will be debited *every* Monday
- \_\_\_\_\_  
Twice-per-month contributions will be debited on the 5<sup>th</sup> *and* 20<sup>th</sup> of each month
- \_\_\_\_\_  
Monthly contributions will be debited on the 5<sup>th</sup> *or* 20<sup>th</sup> (please circle your choice)

(Normal timing of payments are subject to change based on holidays and weekends)

*\* please return with a voided check*