

St. Elizabeth Ann Seton Church
3301 Echo Drive
North Platte, NE 69101
308-534-5461

Authorization Agreement

Preauthorized Payments
(Electronic Fund Transfer)



Joy of the Gospel

Rev. 12/20/2014

I/we _____ hereby authorize **St. Elizabeth Ann Seton Church**, hereinafter called COMPANY, to initiate debit or credit entries to my/our (select one account below)

Checking Account (Attach voided check)

Savings Account (Attach deposit slip)

Indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY BANK NAME _____

BRANCH (if applicable) _____

CITY _____ STATE _____ ZIP _____

9 Digit Bank Routing Number: _____ Account Number: _____

Amount of each Monthly Withdrawal: \$ _____

Month of 1st Withdrawal: _____ Month of Last Withdrawal: _____

Amount will be debited from your account on the 20th of each month.

PLEASE ATTACH COPY OF VOIDED CHECK / DEPOSIT SLIP TO THIS FORM

Disclosures: This authority is to remain in full force and effect until St. Elizabeth Ann Seton Church has received written notification from me of its termination in such time and in such manner as to afford St. Elizabeth Ann Seton Church and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by St. Elizabeth Ann Seton prior to receipt of notice of termination.

I further authorize St. Elizabeth Ann Seton Church to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I authorize the Depository to accept and to credit or debit the amount of such entries to my account.

I have the right to stop payment of any entry by notification to Depository prior to the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:

NAME (s): _____ (Please print) NAME: _____ (Please print)

X _____ **X** _____
Signature(s) of Account holder(s)

E-mail address: _____ Date _____

Place the completed form in the collection basket, or mail it to us at: St. Elizabeth Ann Seton Church, 3301 Echo Dr, North Platte, NE 69101. Please do not submit this form by email because this is not a secure means of transmission. Thank you for participating in our E-Pledging Program!

NOTE: If you ever need to change any information regarding your enrollment, please request a Change Form from the Parish Office or by sending an e-mail to rectory-office@seas-np.org