

AUTHORIZATION FOR AUTOMATIC PAYMENT

ST. BARTHOLOMEW CHURCH, NORWICH, N.Y.

SELECT: FREQUENCY TO BE PAID (Check one)

_____ WEEKLY _____ BIWEEKLY _____ MONTHLY _____ QUARTERLY

All weekly and bi-weekly payments will be processed on Monday.

All monthly payments will be processed on the 10th of the month.

All quarterly payments will be processed on the 10th of January, April, July, October.

**SELECT: 1ST PAYMENT DATE (NOVEMBER 1, 2011 OR
LATER):** _____

(PARISHIONER SHOULD CONTINUE PAYMENTS THROUGH NORMAL METHOD
UNTIL THE DATE SELECTED FOR 1ST AUTOMATIC PAYMENT).

SELECT: AMOUNT TO BE PAID AT THE FREQUENCY ABOVE

\$ _____

SELECT: METHOD OF PAYMENT AND COMPLETE ACCOUNT INFORMATION

CHARGE TO CHECKING OR SAVINGS ACCOUNT:

(IF CHECKING IS SELECTED, STAPLE A COPY OF A VOIDED CHECK HERE)

I hereby authorize ST. BARTHOLOMEW CHURCH to initiate debit entries from my
_____ Checking _____ Savings Account (select one) indicated below and the Bank named
below.

BANK _____ LOCATION _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____

This authority is to remain in full force and in effect until ST. BARTHOLOMEW CHURCH has received written notification from me of its termination in such time and in such manner as to afford ST. BARTHOLOMEW CHURCH and (BANK) a reasonable opportunity to act on it. I understand that the BANK is not responsible for any errors made by the Church of St. Bartholomew and that the BANK can only initiate debit and credit entries based upon information given to it by the Church of St. Bartholomew. I agree that the BANK has no liability to me if it is unable to make any transfer because of an act of God, mechanical failure or any interruption in communications not within control, or if sufficient funds are not given to it by the Church of St. Bartholomew in the amount of the required transfer.