

The Priestly Fraternity of St Peter

Automatic Debit Agreement Form

Authorization Agreement

I hereby authorize **The Priestly Fraternity of St Peter** to initiate automatic debits to my account at the financial institution named below. I also authorize **The Priestly Fraternity of St Peter LLP** to make deposits to this account in the event that a debit entry is made in error.

Further, if I do not have enough money in my account to cover the transfer or if my Financial Institution for any other reason refuses to honor a transfer I will be electronically debited an additional fee of "[Fee Amount]" as a returned item fee in accordance with the terms of my agreement.

This agreement will remain in effect until **The Priestly Fraternity of St Peter** receives a written notice of cancellation from me allowing _____ days to process my request, or until my account has a zero balance with **The Priestly Fraternity of St Peter**.

Payment Information

Debit my Account on the: 1st 15th monthly.

Debit my Account in the Total payments to be
amount of: automatically debited:

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form.

Mailing address:

REGINA CAELI PARISH
P.O. BOX 41062
HOUSTON, TX 77084

Email address:

office@reginacaeliparish.org