



Mary Immaculate
Catholic Church

716 E. Washington • Kirksville, MO 63501
Phone (660) 665-2466 • www.miparish.org

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Please return to the Parish Center

Name: _____

Address: _____

City, State, ZIP: _____

Email: _____

Phone Number: _____

BANK INFORMATION

Bank Name: _____

Account Number: _____

Routing Number: _____

Account Type: Checking Savings

AUTHORIZATION DETAILS

I hereby authorize Mary Immaculate Church to initiate recurring electronic debits from my account listed for the purpose of tithing. These payments will be withdrawn:

Amount: \$ _____

Select Payment Frequency: Once per month, 1st Friday Once per month, 3rd Friday

OR

Twice per month, 1st AND 3rd Friday

Start Date: _____

This authorization will remain in effect until I provide written notice of cancellation at least 10 business days prior to the next scheduled withdrawal.

Signed: _____

Date: _____

IMPORTANT: PLEASE ATTACH A VOIDED CHECK TO THIS FORM