

CURÉ OF ARS CHURCH

9401 Mission Road
Leawood, KS 66206

Authorization Agreement for Automatic Payments

☐ New Enrollment

☐ Cancellation

☐ Update/Change

☐ Amount Only

☐ Account Only

☐ Both Amount & Account

☐ We wish to stop receiving monthly envelopes

| | |
|------------------------|--|
| Name | |
| Address | |
| City, State & Zip Code | |
| Home Phone Number | |
| Parish Envelope Number | |

I (we) hereby authorize **CURÉ OF ARS, on the 15th of each month**, to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my (our) ☐ checking, ☐ savings, ☐ money market account indicated below and the depository (Bank, etc.) named below, hereinafter called Depository, to credit and/or debit the same to such account.

| | |
|------------------------|--|
| Depository Name | |
| Branch | |
| City, State and Zip | |
| Transit Routing Number | |
| Account Number | |

| | | | |
|-----------------------------|----|----------------------------|--|
| General Fund Monthly Amount | \$ | Beginning in the month of: | |
| Vianney Fund Monthly Amount | \$ | Beginning in the month of: | |

This authority is to remain in full force and effect until **CURÉ OF ARS and Depository** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **CURÉ OF ARS and Depository** a reasonable opportunity to act on it.

DATE: _____ SIGNED: _____

Attach Voided Check Here

***Do Not Use A Deposit Slip In Lieu of Check
As Some Deposit Slips Contain a Different Routing Number**