CHURCH OF THE
Magdalen

AUTHORIZATION AGREEMENT FOR AUTOMATIC TITHING PAYMENTS

____/____/_____ Today's Date

_____ Please PRINT Your Name(s) As Shown On Your Bank Account

#_____ Envelope Number

Authorization Type: [ ] New Application [ ] Change [ ] Cancellation - Date:____/____/_____

I/(We) hereby authorize Church of the Magdalen Catholic Church to initiate debit entries to my/(our) bank account as identified below, through Commerce Bank and to debit to such account based on the amount and frequency elections shown below:

Contribution Type (Tithe / Campaign), Amount & Frequency (Weekly / Monthly)

[ ] **Regular Tithe** - $_____ and/or [ ] **Capital Campaign** - $_____

[ ] Weekly Start Date: ____/____/____
(the first business day of every week

[ ] Weekly Start Date: ____/____/____
(the first business day of every week

[ ] Monthly Start Date: ____/____/____
(the first business day of every month)

[ ] Monthly Start Date: ____/____/____
(the first business day of every month)

Your Bank Name

Your Bank City & State

<<|___|___|___|___|___|___|___|___|___|>>
Your Bank Routing (ABA) Number

<|___|___|___|___|___|___|___|___|___|___|___|___|>
Your Bank Account Number

Type of Account: [ ] Checking [ ] Savings [ ] Other:_____

This Authorization is to remain in full force and effect until Church of the Magdalen Catholic Church has received written notification from me/(us) of its termination in such time and in such manner as to afford Church of the Magdalen Catholic Church and Commerce Bank a reasonable opportunity to act on it.

Signature as on file with your bank Date

Signature (if two signers are required) Date

↖ ***(please staple a voided check here)***

return this completed form with an attached voided check to:

Fred Knoblauch, Parish Manager
Church of the Magdalen Catholic Church
12626 E 21st St. N
Wichita KS 67206-3535

if you have any questions, please call Fred at 316-616-0716

Posting Stamp