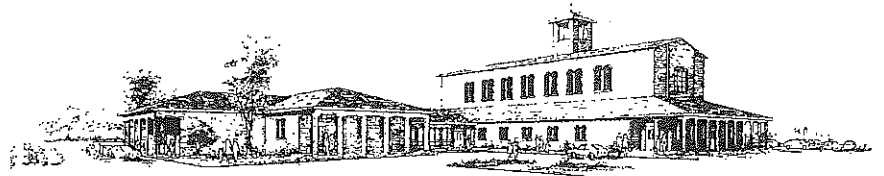


St. Michael Parish

300 N. BROAD STREET
CANFIELD, OHIO 44406



CHURCH (330)533-6839

OFFICE OF CATECHESIS (330) 533-5275

FAX (330) 702-0432

Authorization Agreement for Automatic Payment of Contributions

I (We) hereby authorize the Parish of St. Michael Catholic Church of Canfield, Ohio, hereinafter called the Office, to initiate debit entries to my (our) checking/savings/credit union account indicated below and the Depository name below, hereinafter called Depository, to debit the same to such account, or to charge the below mentioned MasterCard/Visa/American Express account.

Please Print:

Depositor/Bank Name _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

Savings _____ Checking _____

Please attach a voided check

Please charge my credit card: MasterCard VISA American Express

Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Exp. Date ___/___

3-digit Verification Code _____ (last three numbers on back of card)

Name as it appears on your credit card _____

Signature _____ (Required)

Amount _____

Occurrence (circle one) Weekly Bi-Weekly Monthly Quarterly

This authority is to remain in full force and effect until the Office has received written notification from me (or either of us) of its termination in such time and such manner as to afford the Office and Depository a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by written notification to the Office at such time as to afford the Office a reasonable opportunity to act on it prior to charging the account, which is the "Due Date" on the bill.

Please Print:

Customer Name _____

Customer Address _____

Phone Number (include Area code) _____

St. Michael Envelope Number _____

Date to start debit or charge* (must be after today's date) _____

*Please allow time for the office to receive and process this form.