

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:	
Building 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**