

Authorization Agreement for Direct Payment of Contributions to Spirit of Life Parish.

I/we authorize the Church of Spirit of Life (ID #45-0350624) to initiate entries to my/our account as described below:

Checking Account # _____ or Savings Account # _____
(Attach a voided check) (Attach a savings deposit slip)

Financial Institution's Name: _____

Financial Institution's Address: _____

I/we wish to contribute my/our offerings to Spirit of Life by way of electronic transfer of funds as follows:

\$ _____ per month for Regular Collection AND/OR \$ _____ per month for the Building Fund.

If monthly transfers are not desired, please indicate which months you want transfers made: January February
March April May June July August September October November December

Transfers will be made on or about the 10th day of each month.

This authority it to remain in effect until the Church of Spirit of Life has received notification from me (or either one of us) of its termination on or before the first day of the month of cancellation.

Signature(s): _____

Full Name(s): _____

Address: _____

Telephone Number: _____ Date: _____