



The Church of St. Paul & the Redeemer



Electronic Debit Authorization

I _____ the undersigned (“**Parishioner**”) hereby authorize **Secure Payment Systems** (“**SPS**”) to act as agent for The Church of St. Paul & the Redeemer (“**Subscriber**”) for the sole purpose of initiating a one-time, recurring, or variable amount electronic debit to Parishioner’s personal financial checking account on the date(s) such authorization is received by Subscriber and where such authorization is validly given and in accordance with the payment for stewardship under this Agreement (“**Agreement**”) or any other agreement initiated by and between Parishioner and Subscriber.

CHECKING ACCOUNT INFORMATION

Parishioner Name: _____

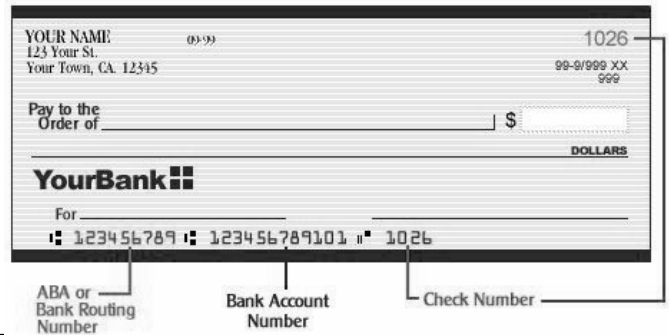
Street Address: _____ City, State, ZIP: _____

Phone Number: (____) ____ - _____

Name of Financial Institution: _____

ABA or Routing Number: _____

Account Number: _____



RECURRING PAYMENT INFORMATION

AMOUNT: \$ _____. ____ (Example: \$175.52)

FREQUENCY (check one): weekly semi-monthly (15th and 30th) monthly (30th)

BEGINNING: ____/____/____ ENDING: ____/____/____

AGREEMENT

Parishioner acknowledges that he/she is an authorized signer on behalf of the account shown above and that it shall be liable to Subscriber for the entire amount shown above plus a twenty-five dollar (\$25.00) service charge (or the maximum allowed by state law) in the event an electronic debit is not honored when presented to Parishioner’s financial institution for payment. Parishioner acknowledges that any debit (either for the principal amount shown above or a service charge in the event of its dishonor) failing to clear may be re-presented electronically or by paper draft at the sole discretion of SPS and that no further authorization will be necessary to execute such electronic re-presentation under this Agreement. In the event subsequent attempts to debit this processing fee are additionally dishonored then Parishioner shall make immediate payment to SPS or Subscriber when so requested. Parishioner authorizes his/her Financial Institution to debit his/her account and to pay SPS by electronic funds transfer the amount due as shown above. Parishioner acknowledges that this debit will be initiated immediately upon receipt of this authorization (or if on a weekend or bank holiday then upon the following business day). Unless specified otherwise in writing, Parishioner acknowledges that this debit authorization may only be reversed, denied, or refused upon the mutual written consent of all the parties.

Authorized By: _____ Date _____
Parishioner Signature

Printed Name