



Rabbouni Catholic Community

CUSTOMER PAYMENT AUTHORIZATION FORM

I, _____, hereby authorize **Rabbouni Catholic Community** to initiate debit/credit entries to the bank account listed below. This authority is to remain in effect until **Rabbouni Catholic Community** receives written notification to terminate this authorization. Accordingly, **Rabbouni Catholic Community** requests a two weeks' notice to cancel this debit authorization.

Bank Name

Bank Routing Number

\$ _____ Authorized Amount

_____ Authorized Date

Frequency:

_____ Monthly debits will occur on the 15th of the month or the first business day following the 15th.

_____ Weekly debits will occur on Friday of each week or the first business day following Friday.

_____ Checking Account

_____ Savings Account

PLEASE ATTACH A VOIDED CHECK (no deposit tickets)

Authorized Signature

Date