

Direct Payments

I authorize St. Elizabeth R. C. Church to initiate withdrawals from my account at the financial institution named in this application for monthly payment of my charitable contribution to the parish. This authorization will remain valid until either St. Elizabeth R. C. Church, my financial institution, or I revoke it.

I can suspend payment of the contribution by notifying St. Elizabeth R. C. Church in writing at any time prior to 4:00 p.m. three business days before the payment is scheduled to be deducted from my account. I understand that three or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of St. Elizabeth R. C. Church or my financial institution with respect to each other. I further understand that St. Elizabeth R. C. Church and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying St. Elizabeth R. C. Church in writing.

I wish to contribute the following amount monthly: \$ _____ [Please initial ____]
I would like my contribution deducted from my account on the following day of the month (please circle your choice): 1st or 15th [Please initial ____]

Authorized Account Holder Signature

Date

Joint Account Holder Signature

Date

Please retain a copy of this authorization form for your records. Attach a voided check and return with the original authorization form to:

St. Elizabeth Parish
175 Wolf Hill Road
Melville, NY 11747
Attn: Direct Payment