

**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS**

NAME _____
(Please print)

I hereby authorize St. James Cathedral to withdraw funds automatically from my
() Checking () Savings account (*select one*)

identified below; and I authorize the Financial Institution named below to accept such withdrawals initiated by St. James Cathedral as indicated below, on the last day of each month (Friday, if the last day falls on the weekend).

In the event of an incorrect amount or entry, I authorize St. James Cathedral to reverse this transaction.

Monthly Sunday Offering \$ _____

Monthly School Support \$ _____

Monthly St. Vincent de Paul \$ _____

Withdrawal to begin on (date) _____

**BANK or
FINANCIAL INSTITUTION** _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until St. James Cathedral has received written notification from me of its termination in such time and in such manner as to afford St. James Cathedral and Financial Institution a reasonable opportunity to act on it.

DATE _____ **SIGNED** _____

*IMPORTANT: Attach a VOIDED CHECK for verification of information purposes.
If you have any questions please call Sister Mary Slater at 206-622-3559*

*Return this form to:
Sister Mary Slater, St. James Cathedral, 804 Ninth Avenue, Seattle, WA 98104*