

**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 10<sup>th</sup> 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: \_\_\_\_\_