

**SAINT THOMAS THE  
APOSTLE PARISH**



## **SUREPAY AUTHORIZATION AGREEMENT**

I (we) hereby authorize Saint Thomas the Apostle Parish to initiate debit entries to my (our) checking account. This authority is to remain in effect until Saint Thomas has received written notification from me (us) of its termination. Contribution will be withdrawn on the **5th** of each month.

**AMOUNT OF MONTHLY TITHING IS**     \$ \_\_\_\_\_

**Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**