

Saint Andrew Christian Church

13890 W. 127th Street

Olathe KS 66062

913-764-5888

Attach Voided Check Here

Authorization Form
Saint Andrew Simple Pay

Customer Information

Customer Name _____

Email Address _____

Name on Account/Card _____

Home Address _____

Home Phone _____

Cell Phone _____

Financial Institution **Circle One (Bank – S&L – Credit Union)**

Name of Institution _____

Account Type: Personal Checking

Account Number/Credit Card Number _____

Personal Savings

Bank Routing Number _____

Business Checking

CV Code (3 digit code on back of card) _____

Credit Card (Exp _____)

Payment Information (choose one of the two options below)

Please debit ongoing payments of \$ _____ from my checking/savings account or credit card on or after the ___ day of each month. Payments will continue until written notice is received by the Church Administrator to discontinue or to adjust the amount.

Please debit _____ payments of \$ _____ for a total of \$ _____ from my checking / savings account or credit card on or after the ___ day of each month.

Authorization

I authorize the electronic debit or debits to my account as outlined in the above form. I understand and agree that the electronic debit will continue until I revoke this authorization. This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account.

CHANGE OF INFORMATION: I agree to notify in writing to the above address fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment.

RETURNS: I authorize the state authorized fee to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.

CANCELLATION: I understand that I may cancel the electronic debit authorization by providing written notice to the address above fifteen (15) or more days prior to the last payment due date.

ATTACH VOIDED CHECK

Signature _____

Date _____