

ST. JAMES EPISCOPAL CHURCH CAPITAL FUND

AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PAYMENTS

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA/Routing #: _____ Checking Account #: _____

I hereby authorize the Financial Institution named above to pay my monthly:

_____ Contribution Amount

Payable on the:

5th of the month or

20th of the month

By charging each payment to my account and to make that deduction payable to the order of St. James Episcopal Church Capital Fund on the day of the month indicated above. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and St. James Episcopal Church Capital Fund reserve the right to terminate this payment plan (or my participation therein).

DATE: _____ SIGNATURE: _____

NOTE: Please return this authorization and a VOIDED check on your account to:

Huffman & Company, CPA, P.A.
P.O. Box 321330
Flowood, MS 39232
Attn: Ginger Carter, CPA