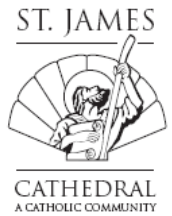


Saint James Cathedral

Authorized Agreement for Direct Payments



Envelope / Parish Id number # _____ Phone Number _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Regular Contributions

- General Fund/Offertory : Amount \$ _____ **5th of the month** start date ___/___/_____
 20th of the month start date ___/___/_____
 St Vincent DePaul Society Amount \$ _____ **25th of the month** start date ___/___/_____

One-Time Contributions

- Easter Amount \$ _____ **Transferred April 1st**
 Christmas Amount \$ _____ **Transferred December 15th**
 End of Year Stewardship Amount \$ _____ **Transferred December 28th**
 Other Amount \$ _____ **Transfer date** ___/___/_____

** If the transfer date does not fall on a normal business day, the transfer will happen on the next normal business day.*

I authorize St. James Cathedral and First Commercial Bank to process debit entries from my account. I understand that this will remain in effect until I provide St. James Cathedral reasonable notification of its termination

Authorized Signature: _____ **Date:** ___/___/_____

If you have any questions, please call Andrea Miller at 407-422-2005, amiller@stjcc.net.

Please return this form to : St. James Cathedral c/o Andrea Miller, PO Box 1868, Orlando, Florida 32802

VOIDED CHECK MUST BE ATTACHED HERE!

Contribution envelopes Turn off Leave on