

St. Joseph Catholic Church

Authorization Agreement for Automatic Withdrawal of Funds

Effective Date _____ (Please allow 2 weeks for processing)

- New Authorization
 Change Financial Institution Information
(Attach a new voided check.)
 Name/Address Change
 Change Contribution Information
 Discontinue Automatic Withdrawal of Funds

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Envelope Number: _____

Regular Sacrificial Giving

Dollar Amount for Withdrawal \$ _____

Frequency (Please check one):

- Weekly - Mondays
 Semi-Monthly -- 1st and 15th
 Monthly (circle one) -- 1st or 15th

Please debit my contributions from my (check one):

- Checking Account (attach voided check)
 Savings Account

Bank Routing Number: _____

(Located at bottom of check between the symbols ■0000000000■)

Account Number: _____

I authorize St. Joseph Church to process debit entries from my checking or savings account indicated above.

I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make any changes to the above information, I will submit a new form to St. Joseph Church at least 2 weeks before the effective date of the change. I have attached a voided check below.

Signature: _____ Date: _____

Please attach your voided check here.