

Fill out this form if you would like to have your Sunday donation taken directly out of your checking or savings account weekly, monthly or yearly.

AUTHORIZATION AGREEMENT – FOR PREAUTHORIZED DEBITS (ACH)

St. Joseph's Congregation

I (we) hereby authorize St. Joseph's Congregation to initiate entries to my checking/savings accounts at the FINANCIAL INSTITUTION indicated below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until St. Joseph's Congregation is notified by me (us) in writing to cancel it in such a time as to afford St. Joseph's Congregation and FINANCIAL INSTITUTION (below) a reasonable opportunity to act on it. This agreement will remain in full force and effect until St. Joseph's Congregation receives further notification by parishioner.

FINANCIAL INSTITUTION _____

CITY, STATE, ZIP _____

ACCT NUMBER _____

(The middle digits at the bottom of your check)

TRANSIT ABA NUMBER _____

(The first digits at the bottom left of your check)

CHECKING () SAVINGS ()

AMOUNT \$ _____ () WEEKLY () MONTHLY Start Date _____

Note: If payment date falls on a weekend or holiday, the payment is posted on the business day prior to the payment date.

Parishioner

Parishioner

Parishioner Signature & Date

Parishioner Signature & Date

PLEASE ATTACH A VOIDED CHECK HERE*