

# 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Envelope Number: \_\_\_\_\_

### ***Regular Sacrificial Giving***

Dollar Amount Per 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 ■ : 000000000 ■ : )

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.**