



For your convenience you may now make your charitable contrition to *St. Joseph Catholic Church* via electronic ACH transfer.

If interested, please fill out this form and return in the collection basket or the parish office.

Authorization Agreement for ACH Direct Debit of Contributions

Member Name:								Phone Number:									
Envelope #	:																
specified be	elow	and	any	cece	ssary	cre ndic	dit e	entri l at t	es to he d	COL	rect	erro	rs fr me b	om/t pelov	o my	et Debit of the contributinos (our) Checking or Savings ac- einafter call Depository.	
Name of Ba	ank:																
Bank Accou	ınt N	Vun	ıber														
																Please attach a voided check or voided	
Routing Number deposit ticket for you															deposit ticket for your		
																savings account to this form.	
Amount o	f Sui	nda	v Co	ontri	buti	on					V	⁷ eek	dy (ever	у Мо	nday)	
Amount of Sunday Contribution Monthly on the 1s													ne 1st				
Monthly on the 15th														2.15th			
Withdrawa requested.											ter 1	recei	ipt u	ınles	ss a d	irrerent start date is	
notification f	rom	the	paris	shion	er o	f its	mo	dific	atio	ı or	tern	inat	ion i	n su	ch as	Church has received written time and in such a manner as nity to act on the request.	
Changes _	Change financial institution and/or account number																
-	Change amount of contribution																
-		Cancel participation in the ACH Direct Debit Program															
Signature:																Date:	
Signature:	Signature: Date:												Date:				