

ST. JOSEPH CHURCH - DIRECT PAYMENT FORM

****IMPORTANT: You must Include a VOIDED CHECK with this form****

ATTACH VOID CHECK HERE

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name: _____ Envelope # _____

I (we) hereby authorize ST. JOSEPH CATHOLIC CHURCH, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (check one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY INFORMATION

Bank Name: _____

Routing #: _____ Account #: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Full Address: _____

Date: _____ Signature: _____

****Monthly Debits will take place on the 1st Monday of each month.**
Weekly Debits will take place every Monday.**

Amount to Debit: \$ _____ Monthly or Weekly
(Circle One)

DO YOU WISH TO CONTINUE RECEIVING OFFERTORY ENVELOPES IN THE MAIL???

_____ YES _____ NO