ST. JOSEPH PARISH
Automatic Withdrawal Form
Sunday Contribution/ *Stairway to the Future* Pledge Payments

CHURCH NAME:	**ST. JOSEPH PARISH**
NAME ON ACCOUNT	ACCOUNT HOLDER'S PHONE NUMBER
ADDRESS	
CITY, STATE, ZIP	
I AUTHORIZE THE FOLLOWING:	☐ NEW PAYMENT FROM ACCOUNT SPECIFIED BELOW ☐ DISCONTINUE PAYMENT FROM ACCOUNT SPECIFIED BELOW
ACCOUNT INFORMATION **(provide information below for one bank account only.)**	
BANK NAME	
ACCOUNT TYPE	☐ CHECKING *(please attach voided check)* ☐ SAVINGS *(please attach deposit slip)*
ROUTING NUMBER	
ACCOUNT NUMBER	
AUTHORIZATION EFFECTIVE DATE	/ /

CONTRIBUTION SCHEDULE				
FUND TYPE	**PAYMENT SCHEDULE**	**AMOUNT**	**PAYMENT START DATE**	**COLLECTION DATE** ***(choose date for automatic withdrawal)***
Sunday Offering	☐ Monthly	$	/ /	☐ 10th of the month or ☐ 25th of the month
Stairway to the Future	☐ Monthly ☐ Quarterly ☐ Annually ☐ Semi-annually	$	/ /	☐ 1st of the month or ☐ 15th of the month

I authorize the above-named church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a non-sufficient funds (NSF) fee charged to my account by my bank for NSF debits.

Authorized account signature: _____

Date: _____

FOR CHECKING OR SAVINGS ACCOUNT DEBITS,
PLEASE ATTACH YOUR VOIDED CHECK OR SAVINGS DEPOSIT SLIP