



SAINT JOSEPH PARISH

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

Email \_\_\_\_\_

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

### *Regular Sacrificial Giving*

Dollar Amount Per Withdrawal \$ \_\_\_\_\_ Frequency (Please check one):

- Weekly - Mondays
- Semi-Monthly -- 1st and 15th
- Monthly -- 1st or 15<sup>th</sup> (circle one)

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 ■ : 0000000000 ■ :)

Account Number: \_\_\_\_\_

I authorize Saint Joseph Parish 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 Saint Joseph Parish at least 2 weeks before the effective date of the change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your voided check to the form.

**REACHING OUT IN SERVICE TO ALL**