

Welcome,

Awesome, you're thinking of doing the automatic contributions withdraw, that is wonderful.

This packet is the paperwork for you to fill out and submit to get the ball rolling. It should be pretty straight forward, but if you have any questions, please feel free to contact me at 563-767-4810 or 563-880-1049 and I will be happy to help.

A couple of things to remember, your contribution will be deducted on the 15th of the month. If the 15th falls on a weekend or a bank holiday, it will be deducted the Friday before. **Example:** If the 15th falls on a Saturday, it will be deducted the 14th, if it falls on a Sunday, it will be deducted on the 13th. On a bank holiday, it will be deducted the day before unless the holiday would fall on a Monday, it will be the Friday prior (12th).

It is my understanding that you can change your monthly contribution amount by simply filling out a new form and return to me. Please do this well in advance of the 15th of the month.

Once you have all the paperwork filled out, return in the enclosed envelope and drop off at the Parish Office or put in the collection and I will get them. Please remember to attach a voided check as we will need that for verification purposes.

Again, if you have any questions, please feel free to give me a call at the above numbers and I will be very happy to assist you.

Thank-you

Parish Finance Committee

ACH DEBITS AUTHORIZATION

Authorization Agreement for Direct Payments (ACH Debits)

Company Name St. Joseph Church Company ID Number 42-0727491

I (we) hereby authorize St. Joseph Church, hereinafter called Company, to initiate debit entries to my (our) account. Account (select one) indicated below at the depository Financial Institution named below, hereinafter 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 Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

Type of Account [] Checking [] Savings

Monthly Debit Amount \$ _____

Do you wish to receive a box of Budget Envelopes?
_____ Yes _____ No

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(s) _____ ID Number _____

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

TAPE YOUR VOIDED CHECK HERE