

St. Joseph Catholic Church
520 E. Northview
Phone: 620-241-0821 Fax: 620-245-9677

Authorization Agreement for Direct Payments (ACH DEBITS)

Company Name: **St. Joseph Catholic Church**

I (WE) HEREBY AUTHORIZE **St. Joseph Catholic Church**, hereinafter called COMPANY, to initiate debit entries to my (our) **checking account/** **savings accounts** (select one) indicated by the attached voided check. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Amount to be debited: \$ _____ *(Regular Tithing--10% of your contribution will go to the diocese for other pastoral needs.)*

Please choose 1 option below:

- Option 1: _____ **weekly** (day of the week to be withdrawn) Monday / Friday
Option 2: _____ **bi-weekly** (day of the week to be withdrawn) Monday / Friday
Option 3: _____ **monthly** (date of month to be withdrawn) 1st, 15th, or 30th

Additional Contribution is needed for **BUILDING FUND DEBT REDUCTION**
(100% of your contribution will help pay off the parish's debt)

THANK YOU FOR YOUR GENEROSITY.

Your contribution is tax deductible. We will send your contribution statement at the beginning of the calendar year for your tax purposes.

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) _____ Signature _____

Date _____ Email: _____

PLEASE INCLUDE YOUR VOIDED CHECK.
THANK YOU & GOD BLESS!