

**TO BEGIN MAKING YOUR CONTRIBUTIONS ELECTRONICALLY
FILL OUT THE FORM BELOW
AND FAX IT (812) 963-6254 OR SEND IT TO
St. Joseph Parish (6202 W. St. Joe Road, Evansville, IN 47720)**

Debit Authorization

I (we) hereby authorize St. Joseph Church to initiate debit entries to my (our) account indicated below. We further authorize our financial institution to debit the amount we have specified from our account. I (we) acknowledge that the origination of ACH transitions to my (our) account must comply with the provisions of the U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) Account Number
(9 digit number on bottom left of your check) (next 10 digit number)

Type of Account _____Checking _____Savings

Amount to be deducted \$_____ (Check one) _____Monthly _____Semi Monthly

This authority is to remain in full force and effect until St. Joseph Parish has received written notification from me (or either of us) of its termination in such time and manner to afford St. Joseph Parish and the Financial Institution a reasonable opportunity to act on it.

I (we) understand that we can also give written authorization to raise (or lower) the amount being deducted from my account.

The information provided in this form will be held in strict confidence in our parish office and will be destroyed when no longer in effect.

Signature

Date

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM

Return this completed form to the Parish Office