

**AUTHORIZATION FOR ELECTRONIC FUND TRANSFER (ACH DEBIT)**

I authorize St. Joseph Congregation and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION) (BRANCH)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

\_\_\_\_\_  
(ACCOUNT HOLDER'S NAME – PLEASE PRINT)

\_\_\_\_\_  
(ADDRESS – PLEASE PRINT)

\_\_\_\_\_  
(ACCOUNT NO.)

\_\_\_\_\_  
(ROUTING NUMBER – BETWEEN THESE SYMBOLS □ : □ : ON THE BOTTOM LEFT OF YOUR CHECK)

CHECKING \_\_\_\_ SAVINGS \_\_\_\_

**PLEASE SUBMIT A VOIDED CHECK**

PAYMENT AMOUNT: \$ \_\_\_\_\_ TOTAL ANNUAL AMOUNT: \$ \_\_\_\_\_

SELECT THE FREQUENCY AND TIME OF THE MONTH:  
\_\_\_ MONTHLY                    \_\_\_ 5<sup>TH</sup> OF THE MONTH  
\_\_\_ QUARTERLY                \_\_\_ 15<sup>TH</sup> OF THE MONTH  
   \_\_\_ 25<sup>TH</sup> OF THE MONTH

**RETAIN FOR YOUR RECORDS**

On \_\_\_\_\_ I authorized St. Joseph Congregation at 12130 W. Center Street, Wauwatosa, WI 53222 to initiate automatic entries to my account at \_\_\_\_\_ (financial institution) and have agreed to the terms listed on the authorization. I may revoke my authorization with St. Joseph Congregation any time by writing to the address above.

Payment Amount \$ \_\_\_\_\_ Total Annual Amount \$ \_\_\_\_\_

Frequency and time of month: