

# ELECTRONIC GIVING AUTHORIZATION FORM

St. Joseph the Worker ~ 700 E Spruce St ~ Chatham IL 62629  
217-483-3772 ~ Contact: Deb Howerton, Office Manager

To have St. Joseph the Worker set up your electronic contributions, please fill out and return this form.

Effective date of authorization:

- |  |   |
|--|---|
| <input type="radio"/> New authorization      | <input type="radio"/> Change Donation Date            |
| <input type="radio"/> Change Donation Amount | <input type="radio"/> Change Banking Information      |
|  | <input type="radio"/> Discontinue Electronic Donation |

Last Name:

First Name:

Envelope Number:

Address:

City, State, Zip

CONTRIBUTION INFORMATION:

ANNUAL PARISH COLLECTIONS: (withdrawn of the 30<sup>th</sup>)

**SUNDAY OFFERING:**

☐ Semi-monthly \$ \_\_\_\_\_  
☐ Monthly \$ \_\_\_\_\_

Transfer on ☐ 15<sup>th</sup> ☐ 30<sup>th</sup>

**BISHOP'S TITHE**

Transferred Monthly \$ \_\_\_\_\_  
On the 30th

Catholic Times		
Catholic Times (\$15.00)	\$	_____
January 30 <sup>th</sup>		
Easter Flowers		
February 28 <sup>th</sup>	\$	_____
Easter Offering		
March 30 <sup>th</sup>	\$	_____
All Souls Day		
October 30 <sup>th</sup>	\$	_____
Christmas Flowers		
November 30 <sup>th</sup>	\$	_____
Christmas Offering		
December 30 <sup>th</sup>	\$	_____

**Please see reverse  
side for  
Annual Diocesan  
Collections**

Please take my contribution directly from the account specified:

☐ Checking Account (**attach voided check**) ☐ Savings Account (**attach a savings deposit slip**)

I authorize St. Joseph the Worker Catholic Church to process debit entries to my account. I have attached a voided check or savings deposit slip. The authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: \_\_\_\_\_

Today's Date: \_\_\_\_\_



# ELECTRONIC GIVING AUTHORIZATION FORM

St. Joseph the Worker ~ 700 E Spruce St ~ Chatham IL 62629  
217-483-3772 ~ Contact: Deb Howerton, Office Manager

Name of Member

## Annual Springfield Diocesan Collections (withdrawn on the 15<sup>th</sup>)

Latin America \$ \_\_\_\_\_

**January**

Catholic Communications \$ \_\_\_\_\_

Retired Diocesan Priests \$ \_\_\_\_\_

**May**

Eastern Europe \$ \_\_\_\_\_

Catholic Charities \$ \_\_\_\_\_

**February**

Peter's Pence \$ \_\_\_\_\_

**June**

Holy Land \$ \_\_\_\_\_

Seminary \$ \_\_\_\_\_

Catholic Relief Services \$ \_\_\_\_\_

**March**

Propagation of Faith  
(World Missions)

\$ \_\_\_\_\_

**October**

Home Missions \$ \_\_\_\_\_

**April**

Campaign for Justice & Hope \$ \_\_\_\_\_

**November**

Retired Religious

\$ \_\_\_\_\_

Children's Home

\$ \_\_\_\_\_

**December**

### Instructions:

- 1) Complete the "annual" donation authorization form indicating:

**Sunday offering**—Regular support of our parish.

\* Frequency of Payment, either semi-monthly or monthly.

\* The amount you are authorizing; and

\* If monthly, the option of either on the 15<sup>th</sup> or the 30<sup>th</sup> of each month.

**Annual Parish Collections**—These amount will be debited on the 30<sup>th</sup> of the month.

\* Indicate the amount in the space provided.

**Annual Diocesan Collections** (page 2)—These amount will be debited on the 15<sup>th</sup> of the month.

\* Indicate the amount in the space provided.

- 2) Indicate which account you would like the electronic debit to be taken from; either your checking account or your savings account. You **must** attach a voided check or a savings deposit slip to this form. Without this information, the parish will not be able to make the electronic debits.
- 3) Sign and date the form. Either mail, or bring, the completed form to the parish office.

**Note:** you can make changes to your authorization form at any time during the year. A change can be to a contribution amount, a date, a change in the financial institution and/or to discontinue the authorization of the electronic giving program.

