

Annual Donation Authorization Form

St. Joseph the Worker
Office Phone (217) 483-3772
Contact: Jinny Sachsenmaier

700 East Spruce Street
Chatham, IL 62629

Member Authorization Form

Effective Date: _____

New Authorization

Change Contribution Amount

Change Contribution Date

Change Financial Institution Account

Discontinue Electronic Giving

Name of Member (Please Print)

Envelope #:

Address

City

State

ZIP Code

Contribution Information:

Sunday Offering:

Semi-monthly \$ _____

Monthly \$ _____

(Transferred on either the 15th or 30th)

CIRCLE ONE: 15th 30th

Annual Parish Collections:

(Withdrawn on the 30th)

January 30th
Catholic Times (\$15.00) \$ _____

February 28th
Easter Flowers \$ _____

March 30th
Easter Offering \$ _____

October 30th
All Souls Day \$ _____

November 30th
Christmas Flowers \$ _____

December 30th
Christmas Offering \$ _____

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

Please take my contribution directly from the account specified:

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

Bank Routing Number:

Account Number:

Routing number must start with 0, 1, 2, or 3, is 9 digits long,
and is located at bottom of check between these symbols : :

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: _____

Date: _____

Please attach a voided check or savings deposit slip.

OVER

St. Joseph the Worker Catholic Church

Name of Member _____

Annual Springfield Diocesan Collections:

(Withdrawn on the 15th)

January 15th
Latin America \$ _____

February 15th
(for these collections)
Eastern Europe \$ _____
Catholic Charities \$ _____

March 15th
(for these collections)
Holy Land \$ _____
Seminary \$ _____
Catholic Relief Appeal \$ _____

April 15th
Home Missions \$ _____

May 15th
(for these collections)
Catholic Communications \$ _____
Retired Diocesan Priests \$ _____

June 15th
Peter's Pence \$ _____

October 15th
Propagation of Faith
(World Mission) \$ _____

November 15th
Campaign for Justice and
Hope \$ _____

December 15th
(for these collections)
Retired Religious \$ _____
Children's Home \$ _____

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

Sunday Offering – Regular support of our parish.

- Frequency of payment i.e. semi-monthly or monthly;
- The amount you are authorizing; and
- If monthly, the option of either on the 15th or 30th of each month

Annual Parish Collections – These amounts will be debited on the 30th of the month.

- Indicate the amount in the space provided;

Annual Diocesan Collections (page two) – These amounts will be debited on the 15th of the month

- Indicate the amount in the space provided

- 2) Indicate which account you would like the electronic debit to be taken from i.e. either your checking account or your savings account. You must attach a voided check or a savings deposit slip to your authorization form. Without this information, the parish will not be able to make the electronic debits.
- 3) Please write both your *bank routing number* and the account number for the account specified in (2) above.
- 4) Sign and date the form. Either mail the completed form and attachment to the parish or bring it into the office.

You will note that you can make changes to your authorization form at any time during the year. These changes can be due to any change you want to make in the (1) contribution amount(s) and/or date(s), (2) a change in the Financial Institution and/or account, and/or (3) a discontinuance of authorizing the electronic giving program.