

2019 Commitment of Treasure

I understand that St. Joseph Parish is asking all parishioners to review the amount they currently give to the parish offertory and determine whether that amount is appropriate. My/Our new average commitment per week is an increase of \$____ or a decrease of \$____ over last year. For the calendar year starting January 1, 2019, my weekly contribution will be:

\$125.00 \$100.00 \$75.00 \$60.00 \$50.00
 \$40.00 \$30.00 \$20.00 Other \$_____

NOTE: *Even if you intend to contribute monthly or quarterly, please indicate above what your per week rate would be.*

I would like to continue my current automatic withdrawal.

If you would like to begin automated withdrawal, please complete the Debit Authorization on the bottom of this form.

Name: _____

Address: _____

Telephone: _____ E-mail Address: _____

DEBIT AUTHORIZATION FORM

Direct Payment Enrollment for Recurring Monthly Contributions

Name _____

Daytime Phone # _____

Billing Address _____

Please deduct my Direct Payment from my account as follows:

Name of Financial Institution _____

Financial Institution Routing No. _____

Type of Account

Checking Account No. _____ (include a voided check)

Savings Account No. _____ (include a savings deposit slip)

Deductions will take place on the 1st of each month beginning _____ (enter month).

Sunday Offering Amount: \$ _____ per month

I authorize St. Joseph Church to deduct my collection payment from the account listed above. I understand that if I decide to discontinue this payment plan, I will notify St. Joseph Church in writing.

SIGNATURE _____

DATE _____