

# DEBIT AUTHORIZATION FORM

## Direct Payment Enrollment for Recurring Monthly Contributions

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

**Please deduct my Direct Payment from my account as follows:**

Name of Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Type of Account: **NOTE:** Enclose a voided check or savings deposit slip with this form

Checking Account No. \_\_\_\_\_

Savings Account No. \_\_\_\_\_

**Deductions will take place on the 1<sup>st</sup> of each month beginning the 1<sup>st</sup> of the month after receipt of this form.**

**Sunday Offering Amount**      \$\_\_\_\_\_ /PER MONTH

Please send me the weekly envelopes which will include the special collections.

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**I authorize Saint 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 the Saint Joseph Church in writing at the following address:**

**Saint Joseph Church  
Attn: Business Manager  
2470 Lorraine Court  
Crescent Springs KY 41017  
859-341-6609**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_