Please accept my ongoing contribution from	n:	
☐ Checking Account (attach a voided check)	☐ Savings Account (attach a savings deposit	it slip)
Financial Institution:	Address:	
City:	State:	Zip Code:
Account Number:	Transit Routing	g Number:
AUTHORIZATION AGREEMENT FOR DII I authorize Cathedral of Saint Joseph to initiate debit e such account. I acknowledge that the origination of AC Such debits in the amount of \$ wi	entries to my account indicated above at the finance. He transactions to my account must comply with the	cial institution indicated above and to debit the same to
☐ Monthly on the 3rd of each month ☐ Monthly o	on the 18th of each month	n the 3rd and 18th of each month
This authorization is to remain in full force and effect un in such time and in such manner as to afford the Cathe erroneously debits the above account, I authorize the understand that it is my sole responsibility and duty to	edral of Saint Joseph a reasonable opportunity to a Cathedral of Saint Joseph to credit the account for	act on it. In the event that the Cathedral of Saint Josepl or an amount not to exceed the original transaction.
Authorized signature:	Date:	Attach Voided Check or Savings Deposit to this card



CATHEDRAL STEWARDSHIP COMMITMENT 2018

PROFESS, PROCLAIM and CELEBRATE OUR FAITH

CATHEDRAL OF SAINT JOSEPH

In awareness of my responsibility as a steward and as a member
of the Cathedral of Saint Joseph, in gratitude to a loving and
generous God for all his blessings bestowed on me/us. I/we
wish to make the following pledge for the upcoming year.

	TOTAL PLEDGE \$	
	IN PAYMENTS OF \$	
	☐ Weekly	☐ Monthly
Email:	Quarterly	☐ Yearly
Donor's Signature	Semi-monthly	☐ Semi-annually
For contributing electronically, please see reverse side	Beginning	(Date)