



CATHEDRAL OF SAINT JOSEPH

Yes! I'd like to sign up for Electronic Contribution

Member Envelope #: _____
Last Name: _____ First Name: _____ MI: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Please accept my ongoing contribution from:

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

Financial Institution: _____
Financial Institution Location (Street Address) _____
City: _____ State: _____ Zip Code: _____
Account Number: _____ Transit Routing Number: _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF CONTRIBUTIONS (ACH)

I authorize Cathedral of Saint Joseph to initiate debit entries to my account indicated above at the financial institution indicated above and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Such debits in the amount of \$ _____ will be made (choose one):

- Monthly on the **3rd** of each month
- Monthly on the **18th** of each month
- Semi-monthly on the **3rd and 18th** of each month

This authorization is to remain in full force and effect until the Cathedral of Saint Joseph has received written notification from me of its amendment or termination in such time and in such manner as to afford the Cathedral of Saint Joseph a reasonable opportunity to act on it. In the event that the Cathedral of Saint Joseph erroneously debits the above account, I authorize the Cathedral of Saint Joseph to credit the account for an amount not to exceed the original transaction. I understand that it is my sole responsibility and duty to verify that the above account has sufficient funds to honor the debit entry.

Authorized signature: _____ Date: _____

*** (ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE) ***