

DEBIT AUTHORIZATION FORM

Direct Payment Enrollment for Recurring Monthly Contributions

NAME: _____

BILLING ADDRESS: _____

DAYTIME PHONE #: _____ EMAIL: _____

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 *if possible*.

Checking Account Number: _____

Savings Account Number: _____

Deductions will take place on the 1st of each month beginning the first month after receipt of this form.

Sunday Offering \$_____ per month

Assist-a-Student \$_____ per month

Christian Outreach \$_____ per month

TOTAL MONTHLY DEDUCTION \$_____ per month

CAPITAL CAMPAIGN \$_____ per month for _____ months

(Campaign will run up to 60 months ending by mid-2027.)

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 must notify Saint Joseph Church in writing at the following address:

Saint Joseph Church
Attn: Business Manager
2470 Lorraine Court
Crescent Springs KY 41017

SIGNATURE: _____ DATE: _____