

USE THIS ACH FORM ONLY IF YOU WISH TO ACTIVATE AUTOMATIC MONTHLY PAYMENTS THROUGH YOUR CHECKING OR SAVINGS ACCOUNT.

*"As each one has received a gift, use it to serve one another as good stewards of God's varied grace"
(1 Peter 4:10)*

Authorization for Direct Payment

Name:(s) _____

I (we) authorize the Church of St. Joseph to initiate a withdrawal from my (our) account described below:

Account Type: ___ Checking (include VOID Check/ "not" a deposit slip) ___ Savings (include "deposit" slip)

Bank Name and Address: _____

Date(s) of Automatic Withdrawal: ___ 1st of each month or ___ 15th of each month

To begin on (Month) _____ (Year) _____

Amount: (numerical amount) \$ _____ (written amount) \$ _____

I wish my contribution to be applied to one of the following Church of St. Joseph Accounts:

___ Church Tithing Contribution ___ St. Joseph School Tuition ___ Trust Fund

(If you wish to contribute to more than one of the above accounts - please complete a form for each account)

If using your checking account, kindly attach a voided check (not deposit slip).

If you are using your savings account, kindly attach a deposit slip.

(Your account numbers can only be obtained from these).

This Authority is to remain in full force and effect until the Church of St. Joseph *has received written notification* from me (us) of its termination in such a timely manner as to afford the Church of St. Joseph a reasonable opportunity to act on it.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone #: _____ Telephone #: _____

Contribution Envelope Number: _____ Email: _____

(If applicable)

(Optional)

Confidentiality Statement:

The above information will not be disclosed to any unauthorized personnel or financial institutions.

Please return completed form along with a voided check (checking account) or deposit slip (savings account) to

Randy Frohlich, Director of Administration; Church of St. Joseph, 108 3rd St NE; Mandan, ND 58554.

A copy of this form will be returned to you along with a letter of acknowledgement.