



Authorization for Direct Payment
Many find direct payment to be convenient and efficient in handling their parish support. If this option works for you, please complete this form and return to your Parish Office.



AUTHORIZATION FORM FOR AUTOMATIC DEPOSIT OF OFFERINGS

Date: _____

Please indicate parish:

- St. Joseph
- St. Stephen

Personal Information:

Your Name: _____

Address: _____

City, State, Zip: _____

Contact Telephone: _____ Your Parish Envelope Number: _____

If you wish to contribute to special collections (i.e. flowers, beating, special needs) please use the special envelope from your current supply.

Banking Information:

_____ Checking Acct

_____ Savings Acct



Routing # Account #

Name of your bank or credit union: _____

Bank Routing-Transit number: _____

Your Checking/Savings Account Number: _____

If withdrawal will be from a CHECKING ACCOUNT, please attached a "VOIDED" check.

Please indicate your choice for contribution payment and indicate the contribution amount:

_____ MONTHLY = At beginning of month on the 1st of each month
(or first business day following)

Amount Per Withdrawal = \$ _____
x12 = _____ Annual Amt.

_____ SEMI-MONTHLY = The 1st and 15th of each month
(or first business day following)

Amount Per Withdrawal = \$ _____
x24 = _____ Annual Amt.

I (or WE) authorize St. Joseph or St. Stephen Parish (as indicated above) to deduct my offering in the amount specified above. I/WE understand that we can change the amount of this offering any time provided we give the Parish 10 business days advance notice in writing.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please mail to the parish address listed above. Please do not email.