DIRECT DEPOSIT OFFERINGS

ST. JOSEPH CATHOLIC CHURCH DRAFT AUTHORIZATION – Please fill out and return.

I (we) hereby authorize ST JOSEPH CATHOLIC CHURCH OF RAYNE LOUISIANA to initiate electronic debit entries and if necessary, credit entries and adjustments for any transactions debited in error to my:

☐ Checking account ☐ Savings account

This authority will remain in effect until ST JOSEPH CATHOLIC CHURCH OF RAYNE LOUISIANA is notified by me (us) in writing to cancel it in such time as to afford ST JOSEPH CATHOLIC CHURCH OF RAYNE LOUISIANA and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____

(Name of Financial Institution)

_____

(Address of Financial Institution - Branch, City, State & Zip)

_____ _____

(Signature) (Date)

_____

(Name - PLEASE PRINT)

_____

(Address - PLEASE PRINT)

Financial Institution Routing Number

⁞										⁞

Account Number

Donation Draft: (Please select your donation category)

☐ General Offetory in the amount of $_____

Donation Frequency: Monthly - BiMonthly - Weekly

☐ Building and Maintanance Fund in the amount of $_____

Donation Frequency: Monthly - BiMonthly - Weekly

Draft Date(s): (Please list any specific dates/days for draft)

_____

_____

_____

Staple Voided Check Here