



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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please accept my ongoing contribution from:**

Checking Account (attach voided check)

Savings Account (attach a savings deposit slip)

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account 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 provision 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 & 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:** \_\_\_\_\_ / \_\_\_\_\_ / **2020**