



St. Joseph Catholic Church

910 Wilson Avenue

Menomonie, WI 54751

715-232-4920

MenomonieCatholic.org

Authorization Agreement for Direct Payment of Contribution

☐ I (we) hereby authorize St. Joseph's Church, hereinafter called "COMPANY", to initiate debit entries to my (our) ☐ Checking/ ☐ Savings Account (select one) indicated below, and the financial institution named below, hereinafter called "DEPOSITORY", to debit same to such account.

☐ Bank information and effective date on file has not changed.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA (ROUTING) NUMBER _____

ACCOUNT NUMBER _____ ☐ Checking Account ☐ Savings Account

AMOUNT \$ _____ (There is no fee for participants)

EFFECTIVE DATE OF ENTRY (choose one) ☐ 1st of Each Month ☐ 15th of Each Month

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) at least one week prior to its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (please print) _____

NAME (please print) _____

SIGNATURE _____

SIGNATURE _____

(If joint account, both must sign)

Print and sign and scan to email to karen.adams@menomoniecatholic.org, place in the collection basket at Mass, or mail/drop off at the Parish Center. Please keep a copy for your records.