

**ST. JOSEPH CATHOLIC CHURCH  
PERSONALLY APPROVED PAYMENTS AUTHORIZATION**

Please complete all sections to instruct your financial institution to authorize contributions directly from your account to St. Joseph Catholic Church. Please include a blank cheque marked "VOID".

**A. Contributor(s)**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**B. Financial Institution Information**

Name: \_\_\_\_\_

Branch: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Branch #: \_\_\_\_\_ Bank #: \_\_\_\_\_ Account #: \_\_\_\_\_

I (we) as the account holder(s) authorize St. Joseph Catholic Church and the above noted financial institution to debit my (our) account until such time as written notice to the contrary is give by me (us) to St. Joseph Catholic Church.

**C. The branch of the financial institution at which I (we) maintain the account is not required to verify that the payment(s) is drawn in accordance with this authorization.**

Beginning \_\_\_\_\_, a debit, in paper, electronic, or other form, in the amount of

\$ \_\_\_\_\_ may be drawn on my (our) account each month. (The debit will occur at the beginning of the following month.)

I (we) will notify St. Joseph Catholic Church of any changes in the account information or termination of the authorization prior to the next due date of pre-authorized debit.

Signature of Account Holder(s)

Date

\_\_\_\_\_  
\_\_\_\_\_

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