



Automatic Withdrawal (ACH)

Authorization Form for Church Contributions

Church of St. Joseph
108 3rd Street NE
Mandan, ND 58554

701-663-9562 e-mail: office@stjosepmandan.com

Choose one of the following options:

- New ACH Form
- Change in my ACH information

“As each one has received a gift, use it to serve one another as good stewards of God’s varied grace.” – 1 Peter 4:10

AUTHORIZATION FOR DIRECT PAYMENT

Name(s): _____

Full Address: _____

Phone Number(s): _____

Envelope Number: _____ E-mail Address: _____

I(we) _____ authorize the Church of St. Joseph to initiate a

Bank Account Information:

- Checking Account (Please include a VOIDED Check)
- Savings Account (Please include a DEPOSIT Slip)

Bank Name: _____

Name(s) on the Account: _____

Routing Number: _____

Account Number: _____

withdrawal from my(our) account as described in the below information:

Date(s) of Automatic Withdrawal:

- 1st of the Month 15th of the Month Both the 1st and the 15th of the Month

Amount of Withdrawal: \$ _____

Date to begin ACH (mm/dd/yy): _____

Where to Apply Payment:

- Church Adult Envelopes St. Joseph School Tuition Trust Fund Building Improvements

Authorized Account Signature: _____

Date: _____

Do you want to continue to receive a contribution envelope packet? Yes No, thank you

CONFIDENTIALITY STATEMENT:

The above information will not be disclosed to any unauthorized personnel or financial institutions.

Please return completed form to:

Church of St. Joseph, Attn: ACH Contribution, 108 3rd Street NE, Mandan, ND 58554

Thank you for taking the time to fill out this form.