



St. Joseph Catholic Church

STEWARDSHIP AUTOMATIC DEBIT AUTHORIZATION AGREEMENT

I (We) hereby authorize St. Joseph Parish and the financial institution named below to initiate entries to my checking/savings account. The authority will remain in effect until I notify St. Joseph Parish at 4824 Highland, Downers Grove, IL 60515 in writing to cancel the entries. I understand I can stop payment of any entry by notifying my financial institution three (3) business days before my account is charged.

I have attached a voided check to this form.

Financial Institution Name: _____

Financial Institution Routing #: _____

Account #: _____

___ Checking OR ___ Savings Day of the month for Charge: ___ 1st OR ___ 15th

Sunday collection \$ _____ monthly

Signature: _____

Printed name: _____

Date: _____

May God bless you for your generosity and stewardship.