

# Catholic Community of St. Joseph Electronic Funds Transfer Program

Envelope No.: _____ <input type="checkbox"/> I Do not know my Envelope Number	Date: _____
---	-------------

Effective date of New Contribution: \_\_\_\_\_

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change contribution amount	<input type="checkbox"/> Change credit card information
<input type="checkbox"/> Change contribution date	<input type="checkbox"/> Discontinue electronic contribution

Last Name	First Name
-----------	------------

Address \_\_\_\_\_

City	State	Zip
------	-------	-----

<b>General Fund</b> <small>(Regular Contribution) (ES1545)</small>	Contribution Amount To Be Collected (check one): \$ _____ <table style="margin-left: 20px;"> <tr><td><input type="checkbox"/></td><td>Semi-monthly (The 1<sup>st</sup> and 15<sup>th</sup>)</td></tr> <tr><td><input type="checkbox"/></td><td>Monthly on the 1<sup>st</sup></td></tr> <tr><td><input type="checkbox"/></td><td>Monthly on the 15<sup>th</sup></td></tr> </table>	<input type="checkbox"/>	Semi-monthly (The 1 <sup>st</sup> and 15 <sup>th</sup> )	<input type="checkbox"/>	Monthly on the 1 <sup>st</sup>	<input type="checkbox"/>	Monthly on the 15 <sup>th</sup>
<input type="checkbox"/>	Semi-monthly (The 1 <sup>st</sup> and 15 <sup>th</sup> )						
<input type="checkbox"/>	Monthly on the 1 <sup>st</sup>						
<input type="checkbox"/>	Monthly on the 15 <sup>th</sup>						

<b>Pledging in Faith to Finish the Race Capital Campaign Fund</b> <small>(ES1545-PFFR)</small>	\$ _____ <table style="margin-left: 20px;"> <tr><td><input type="checkbox"/></td><td>Semi-monthly (The 1<sup>st</sup> and 15<sup>th</sup>)</td></tr> <tr><td><input type="checkbox"/></td><td>Monthly (The 1<sup>st</sup> or 15<sup>th</sup> - CIRCLE ONE) beginning _____</td></tr> <tr><td><input type="checkbox"/></td><td>Quarterly (The 1<sup>st</sup> of the month) beginning _____</td></tr> </table>	<input type="checkbox"/>	Semi-monthly (The 1 <sup>st</sup> and 15 <sup>th</sup> )	<input type="checkbox"/>	Monthly (The 1 <sup>st</sup> or 15 <sup>th</sup> - CIRCLE ONE) beginning _____	<input type="checkbox"/>	Quarterly (The 1 <sup>st</sup> of the month) beginning _____
<input type="checkbox"/>	Semi-monthly (The 1 <sup>st</sup> and 15 <sup>th</sup> )						
<input type="checkbox"/>	Monthly (The 1 <sup>st</sup> or 15 <sup>th</sup> - CIRCLE ONE) beginning _____						
<input type="checkbox"/>	Quarterly (The 1 <sup>st</sup> of the month) beginning _____						

<b>CHECKING / SAVINGS</b>	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	<b>**Please sign below and someone from St. Joseph's will call you for your checking/savings account information. Daytime phone number where you can be reached:</b> _____
---------------------------	---	---

I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CREDIT CARD</b>	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	<table style="width: 100%;"> <tr> <td style="width: 60%;"> <b>**Please sign below and someone from St. Joseph's will call you for your credit card information. Daytime phone number where you can be reached:</b> _____         </td> <td style="width: 40%;">           Expiration Date: _____         </td> </tr> </table>	<b>**Please sign below and someone from St. Joseph's will call you for your credit card information. Daytime phone number where you can be reached:</b> _____	Expiration Date: _____
<b>**Please sign below and someone from St. Joseph's will call you for your credit card information. Daytime phone number where you can be reached:</b> _____	Expiration Date: _____		
	Name on Card: _____		
	Billing Address (if different from above): _____		
	I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.		
	Signature (as it appears on the credit card): _____ Date: _____		

**Please attach voided check over credit card section above if using checking account.**