

# Parish Community of St. Joseph Electronic Funds Transfer Program

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

City	State	Zip
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<b>General Fund</b> <small>(Regular Contribution) (ES1545)</small>	<p>Contribution Amount To Be Collected (check one):</p> <p>\$ _____</p> <p><input type="checkbox"/> Semi-monthly (The 1<sup>st</sup> and 15<sup>th</sup>)</p> <p><input type="checkbox"/> Monthly on the 1<sup>st</sup></p> <p><input type="checkbox"/> Monthly on the 15<sup>th</sup></p>
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<b>Moving Forward in Faith Capital Campaign Fund</b> <small>(ES1545-MFF)</small>	<p>Contribution Amount To Be Collected (check one):</p> <p>\$ _____</p> <p><input type="checkbox"/> Semi-monthly (The 1<sup>st</sup> and 15<sup>th</sup>)</p> <p><input type="checkbox"/> Monthly (The 1<sup>st</sup> or 15<sup>th</sup> - CIRCLE ONE) beginning _____</p> <p><input type="checkbox"/> Quarterly (The 1<sup>st</sup> of the month) beginning _____</p>
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<b>CHECKING / SAVINGS</b>	<p>Please debit my contribution from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p>	<p><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></p> <p>_____</p>
	<p>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.</p> <p>Authorized Signature: _____ Date: _____</p>	

<b>CREDIT CARD</b>	<p>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</p>
	<p><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> _____</p>
	<p>Expiration Date: _____</p>
	<p>Name on Card: _____</p>
	<p>Billing Address (if different from above): _____</p>
	<p>I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.</p> <p>Signature (as it appears on the credit card): _____ Date: _____</p>

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