

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

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

CHECKING / SAVINGS	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)	**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: _____
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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: _____

CREDIT CARD	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%;"> **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: _____ </td> <td style="width: 40%;"> Expiration Date: _____ </td> </tr> </table>	**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: _____	Expiration Date: _____
**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: _____	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.