

St. Joseph Catholic Church
220 S. Elliott St., Olney, IL 62450
618-392-8181 www.stjosephchurcholney.com

Electronic Giving- Initial Sign Up

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Banking Information

Contribution Amount: \$ _____

Frequency: Weekly each Monday (or) Monthly on the 15th

Name of Financial Institution: _____

Please take my contribution directly from the account specified:

- Checking Account (attach a voided check)
 Savings Account (attach a savings deposit slip)

Routing #: _____ Account: #: _____

*Routing number must start with a 0, 1, 2
or 3 and is 9 digits long. It is located at
bottom of check (usually on the left)*

I authorize St. Joseph Church, Olney, IL to deduct my contribution from the bank and account number shown above. This authority will remain in effect until I instruct St. Joseph Church to cancel or change it. Further authorization must be in writing and must be received by St. Joseph Church 15 days prior to the first day of the effective month.

Authorized signature on my account: _____ Date: _____

Please attach a voided check or savings deposit slip: