

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

_____ Changes to existing authorization
(Complete A, B, C and E)

_____ Cancellation
(Complete A, D)

A. Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

B. Banking/Financial Institution 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 #: _____

C. Change Authorization Statement

I authorize and request St. Joseph Church to make the changes indicated on this form for automatic withdrawals to my account.

Signature

Date signed

D. Cancellation Statement

I request that St. Joseph Church terminate my automatic withdrawal from the account. I will allow a reasonable time for St. Joseph Church to act upon my request to terminate this agreement.

Signature

Date signed

E. Please attach avoided check or savings deposit slip: