AUTOMATIC CONTRIBUTION PLAN

AUTHORIZATION FOR AUTOMATIC DEDUCTION

I authorize St. Joseph's Church to automatically make deductions from my checking/savings account. This authority will remain in effect until I notify St. Joseph's to cancel it. This notification must be given at least three days before the first of the month to allow the financial institution a reasonable opportunity to act on it. If my account is charged in error, I can have the amount immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first.

(Staple voided check or deposit slip to this form)

_____

NAME OF FINANCIAL INSTITUTION

_____

ADDRESS OF FINANCIAL INSTITUTION CITY STATE ZIP

_____

YOUR NAME (please print)

_____

ADDRESS CITY ZIP

_____

SIGNATURE DATE

_____

CHECKING ACCOUNT NO. OR SAVINGS ACCOUNT NO.

_____

FINANCIAL INSTITUTION ROUTING NUMBER
(between the symbols on the bottom left of your check.)

PLEASE DEDUCT PER MONTH: $_____

OF THE TOTAL, HOW MUCH IS FOR THE:

GENERAL CHURCH FUND (OPERATIONS) _____

NEW CHURCH FUND (DEBT REDUCTION) _____

"JOURNEY OF HOPE" (CAPITAL FUND DRIVE) _____

PLEASE DEDUCT MY CONTRIBUTION ON THE: 1ST OF THE MONTH 15TH OF THE MONTH
(Circle one)

ADDITIONAL ANNUAL CONTRIBUTIONS: LIST AMOUNT OF CONTRIBUTION
(*MONTH CONTRIBUTION WILL BE DEDUCTED)

CHRISTMAS (*December) _____ **FLOWERS: CHRISTMAS (*November)**_____

EASTER (*April) _____ **FLOWERS: EASTER (*APRIL)** _____

LENTEN ALMSGIVING (*March) _____ **FUND FOR THE POOR (Monthly)**_____