

AUTO-DONATION CONFIRMATION FORM

THANK-YOU FOR PARTICIPATING IN OUR AUTO-DONATION PROGRAM

- *It allows us to accurately and efficiently process your gifts to St Joseph*
- *It saves you time and headaches each Sunday*
- *By not having to put loose money in the collection basket, it maximizes your tax deduction for charitable giving.*
- *It helps you support St. Joseph when you are on vacation*
- *It is the easiest way to give constant support to St. Joseph Church*

AUTO DONATION AUTHORIZATION AGREEMENT INSTRUCTIONS

ALL TRANSACTIONS/WITHDRAWS WILL BE DONE ON EACH MONDAY(S) OF EVERY MONTH

Donor should:

- insert dollar amount pledged
- choose payment plan you desire (weekly, bi-weekly, monthly or date(s) of the month that your donation will be withdrawn from your account)
- sign the Authorization Agreement form
- fill in bank name
- fill in bank account number
- fill in Transit Routing Number of bank located on the bottom left corner of your check (example at bottom of form)
- indicate whether donation should be deducted from checking or savings account (under Bank Account Information section on the form; bottom right corner)
- attach voided check to form

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

I, the undersigned participant in a pre-arranged payment plan, hereby authorize **St. Joseph Catholic Church** to initiate debit entries in the amount of: (choose one of the following options)

\$ _____ Weekly Beginning on Monday _____, 2010
\$ _____ Bi-weekly Beginning on Monday _____, 2010 OR _____
\$ _____ Monthly Beginning on Monday _____, 2010 OR _____

The Salary / Debit by Date of the month: (for example the first Monday after the 5th and 20th)

\$ _____ debited on the first Monday after the _____, and _____, beginning _____

to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**), and to debit the same to such account and send this amount to **St. Joseph Catholic Church**, Lancaster, PA.

This authority is to remain in full effect until St. Joseph's has received written notification from me of its termination in such time and in such manner as to afford the church or bank a reasonable opportunity to act on it.

PARTICIPANT INFORMATION

NAME: _____ BY: _____
Please type or print Participant's Signature

DATE: _____

BANK ACCOUNT INFORMATION (Attach copy of voided check)

Bank Name: _____ Bank Account #: _____

Bank 9-digit ABA Transit Routing #: _____ [] Checking **OR** [] Savings

Jane M. Doe 60-142 101
John P. Doe 313
2020 Main Street
Anywhere, PA 12345-6789 DATE _____

Attach voided check here

PAY TO THE ORDER OF _____
SAMPLE CHECK _____ DOLLARS

MEMO _____

⑆031301422⑆ : 4321 98765 ⑆⑆ 101

Bank 9-digit ABA Transit Routing Number

Account Number