**St. Joseph’s Church / PO Box 338 / Charlton, MA 01507 / 508-248-7862**

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| **ELECTRONIC GIVING****Automatic Withdrawal Registration Form** **(Checking, Savings or Credit Card)** |
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**AUTHORIZATION FOR RECURRING DIRECT PAYMENTS**

I hereby authorize **St Joseph’s Church** to initiate a debit entry to my credit card or bank account indicated below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Envelope #: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Print

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be debited from your bank/credit card each (week, month etc): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: **One Time only**, **Weekly**, **Monthly**, Effective Date: \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Pledge amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ paid over \_\_\_\_\_\_\_\_\_\_ years

Credit Card: **VISA, MasterCard, Discover**

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV2 #: \_\_\_\_\_\_\_\_\_\_\_

[ ] Checking [ ] Savings

Bank Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How to find your Routing and Account Numbers on your check**



The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until **St Joseph’s Church** has received written notification from me of termination in such time and in such manner as to afford **St Joseph’s Church** a reasonable opportunity to act. I may only revoke this authorization by contacting **St Joseph’s Church** directly at the address and phone number listed above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For questions, call Lynn Lorusso at 508-248-7862. Mail completed form to the church or put in envelope (attn. Lynn Lorusso) and drop in the collection basket.**