

Electronic Donation Registration Form St. Joseph's Parish - Charlton, MA

Name: _____ Envelope #: _____

Please Print

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Signature: _____

Frequency: One Time only, Weekly, Monthly, or Annually **Effective Date:** ____/____/____

Account: Weekly Donation, Building Fund

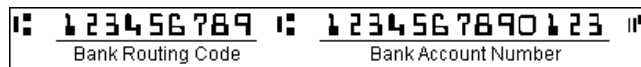
Amount: \$ _____

Bank Account Checking Savings

Bank Name: _____

Routing Number: _____ Account Number: _____

How to find your Routing and Account Numbers on the bottom of your check



Credit Card VISA Discover Mastercard

Credit Card Number: _____

Exp. Date: _____ CV2#: _____

Mail completed form to the church or put in envelope (attn. Denise Thomas) and drop in the collection basket. For question call Denise Thomas at 508-248-7106.

The fine print: In consideration of the goods, products and/or services provided to me by St Joseph's Church as listed above I hereby authorize St Joseph's Church to initiate a debit entry to my credit card indicated above or an Electronic ACH to the bank account indicate for the amount and frequency listed. 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** and DEPOSITORY 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 below.

St Joseph's Church - PO Box 338 - Charlton, MA 01507 – (508) 248-7106