

## ***Authorization for Changes to Electronic Giving Agreement***

Effective \_\_\_\_\_ (Date) I, \_\_\_\_\_ (Please Print)  
hereby authorize St. Joseph Church, Hanover, PA to make the change(s) indicated below  
to my Electronic Giving agreement for automatic debit entries to my:  
Checking ( ) Statement Savings ( ) account with \_\_\_\_\_  
(Name of Depository), Number \_\_\_\_\_.

**CHANGE DEPOSITORY**

Please arrange automatic debit entries at the following financial institution and  
discontinue debit entries at the depository listed above:

\_\_\_\_\_ (Name of new Depository)

\_\_\_\_\_ (New Bank Account Number)

\_\_\_\_\_ (New Bank Nine Digit Transit/ABA #)

*(Attach a voided check if checking account debit or a pre-printed savings deposit ticket if  
savings account.)*

**CHANGE AMOUNT**

Please change the amount of my automatic debits from \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
(Minimum amount to participate is \$65.00 monthly OR \$32.50 Twice Monthly)

**CHANGE FREQUENCY OF DEBITS**

Please change the frequency of my automatic debits from the current arrangement to:

\_\_\_\_\_ Monthly on the 15<sup>th</sup> of the month

\_\_\_\_\_ Twice Monthly on the 15<sup>th</sup> and last day of the month

This authorization is to remain in full force and effect until St. Joseph Church has  
received written notification at least five business days in advance of the desired  
termination date.

\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized signature for above account) Print Name

If second signature is required:

\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized signature for above account) Print Name

