

## ***Authorization Agreement for Electronic Giving***

I, \_\_\_\_\_, hereby authorize St. Joseph Church, Hanover, PA to initiate debit entries to my: Checking ( ) Statement Savings ( ) account indicated below and the depository named below to debit the same such amount.

Amount \$ \_\_\_\_\_ Monthly on the 15<sup>th</sup> of the month. (Min. \$65.00)  
\_\_\_\_\_ Twice Monthly on the 15<sup>th</sup> and last of the month (Min. \$32.50)

Date of first debit: \_\_\_\_\_

Your Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Your Bank Name: \_\_\_\_\_

Banking Transit-ABA #: \_\_\_\_\_  
(always nine digits)

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

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

Any charges resulting from rejected or returned ACH debit entries shall be charged to (debited from) the parishioner's above listed deposit account.

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

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## ***Cancellation of Electronic Giving***

I, \_\_\_\_\_, direct St. Joseph Church, Hanover, PA to discontinue automatic debit entries to my bank account.

\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized signature for the parishioner bank account) Print Name  
(Only one signature is necessary to make this cancellation request)

