

# Automated Giving

Some of us are not always able to make it to weekend Liturgy here for various reasons. Please realize, that although you are not here a given week, your parish still needs your support.

Below are authorization forms enabling you to have your Sunday contribution electronically provided to St. Joseph's via ACH Auto-Deduct, or by charging to your credit card. If you choose to sign up for either of these contribution methods, you will continue to receive your Sunday/Special Collection envelopes in the mail. Your contribution envelopes have a box that can be checked stating "I give electronically". You can continue to use your offertory envelopes and simply check this box.

All that is required is to fill out the contribution method form you choose below, attach a Void check if ACH is chosen, and return by placing in the collection basket, dropping off or mailing to the parish office. Both transaction types and your information is kept secure and confidential.

Cost to the parish for ACH transactions are minimal; Credit Card transactions cost the parish 4% of the transaction amount. If you have any questions, please feel free to contact the business office at (815)939-3573.

## AUTOMATIC WITHDRAWAL AUTHORIZATION FORM (ACH DEBITS)

I (we) hereby authorize HomeStar Bank on behalf of St. Joseph Church, to initiate debit entries from my (our) banking account as indicated below.

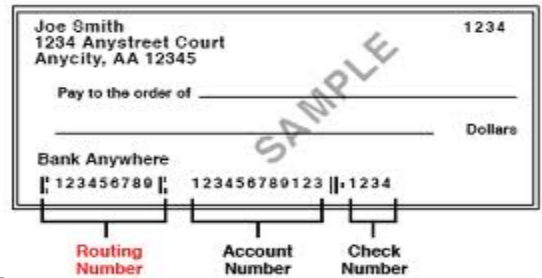
\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing/Transit Number) (Account Number) Type of Acct: Checking \_\_\_ Savings \_\_\_

Date of Transaction: 5<sup>th</sup> and/or 20<sup>th</sup> Amount of Transaction \$ \_\_\_\_\_  
(Circle One or Both)

This authority is to remain in full force and effect until St. Joseph Church has received written notification from me of its termination in such time and manner as to afford St. Joseph Church and Financial Institution a reasonable opportunity to act on it.



\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Street Address) (City, State and Zip)

\_\_\_\_\_  
(Signature) (Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

## VISA / MASTERCARD / DISCOVER INFORMATION AND CHARGE AUTHORIZATION

I (WE) AUTHORIZE ST. JOSEPH CHURCH TO CHARGE MY (OUR) VISA, MASTERCARD OR DISCOVER CARD ACCOUNT IN THE AMOUNT OF:

\$ \_\_\_\_\_ MONTHLY, ON THE 15<sup>th</sup> / 25<sup>th</sup> OF EACH MONTH.  
(TOTAL AMOUNT) (CIRCLE ONE)

\_\_\_\_\_  
CARD HOLDER ACCOUNT # EXPIRATION DATE

\_\_\_\_\_  
SECURITY CODE (On the back of the card in the signature panel, after the last four digits of the card #)

\_\_\_\_\_  
CARD HOLDER NAME, PRINT

\_\_\_\_\_  
CARD HOLDER BILLING ADDRESS, CITY, STATE, AND ZIP

\_\_\_\_\_  
CARD HOLDER TELEPHONE NUMBER

\_\_\_\_\_  
CARD HOLDER OR AUTHORIZED USER SIGNATURE DATE

I agree this authority is to remain in full effect until St. Joseph Church has received written notification from me of my intent of termination of this authorization.