

ST. JOSEPH'S

ON CAPITOL HILL



FORM FOR AUTOMATIC PAYMENTS For Offertory, Church Restoration or Other Special Contributions

ACH DIRECT DEBIT FROM CHECKING OR SAVINGS

Check one **and** attach a *VOIDED* check from the account.

- Checking
- Savings

Bank Name: _____

Name(s) on the Account (both if joint):

Routing #: _____ Account#: _____

Withdraw in the amount of: \$ _____ Beginning on: _____
Check one: MM/DD/YYYY

- One time only/Special Contribution
- Monthly
- Quarterly
- Bi-Annually
- Annually

Designated for (check one):

- Weekly Offertory
- Church Restoration
- Special Contribution _____

I hereby authorize St. Joseph's on Capitol Hill, hereinafter called COMPANY, to initiate debit entries and adjustments for any entry in error to my (our) account indicated above and the financial institution named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature

Date

Please mail the completed form, *with the voided check*, to:

St. Joseph's on Capitol Hill, 313 Second Street, NE, Washington, DC 20002

Questions or concerns? E-mail: bingham@st-josephs.org