

ELECTRONIC GIVING AUTHORIZATION FORM

St. Joseph the Worker ~ 700 E Spruce St ~ Chatham IL 62629
217-483-3772 ~ Contact: Deb Howerton, Office Manager

To have St. Joseph the Worker set up your electronic contributions, please fill out and return this form.

Effective date of authorization:

- | | |
|----------------------------------------------|-------------------------------------------------------|
| <input type="radio"/> New authorization | <input type="radio"/> Change Donation Date |
| <input type="radio"/> Change Donation Amount | <input type="radio"/> Change Banking Information |
| | <input type="radio"/> Discontinue Electronic Donation |

Last Name: _____ First Name: _____ Envelope Number: _____

Address: _____

City, State, Zip _____

CONTRIBUTION INFORMATION:

ANNUAL PARISH COLLECTIONS: (withdrawn of the 30th)

SUNDAY OFFERING:

- Semi-monthly \$ _____
- Monthly \$ _____
- Transfer on 15th 30th

BISHOP'S TITHE:

Transferred Monthly \$ _____
On the 30th

- | | | |
|---------------------------|----|-------|
| Catholic Times | | |
| Catholic Times (\$15.00) | \$ | _____ |
| January 30 th | | |
| Easter Flowers | | |
| February 28 th | \$ | _____ |
| Easter Offering | | |
| March 30 th | \$ | _____ |
| All Souls Day | | |
| October 30 th | \$ | _____ |
| Christmas Flowers | | |
| November 30 th | \$ | _____ |
| Christmas Offering | | |
| December 30 th | \$ | _____ |

Please see reverse
side for
**Annual Diocesan
Collections**

Capital Campaign:

Transferred Monthly on the 30th.

- Monthly \$ _____ Quarterly \$ _____ Semiannually \$ _____
- Annually \$ _____ One-time Gift \$ _____

Payments will begin the 30th of the month following the receipt of this information and continue for three years.

Please take my contribution directly from the account specified:

- Checking Account (**attach voided check**) Savings Account (**attach a savings deposit slip**)

I authorize St. Joseph the Worker Catholic Church to process debit entries to my account. I have attached a voided check or savings deposit slip. The authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: _____

Today's Date: _____

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Name of Member

Annual Springfield Diocesan Collections (withdrawn on the 15th)			
January		May	
Latin America	\$ _____	Catholic Communications	\$ _____
February		Retired Diocesan Priests	
Eastern Europe	\$ _____		\$ _____
Catholic Charities	\$ _____		
March		June	
Holy Land	\$ _____	Peter's Pence	\$ _____
Seminary	\$ _____		
Catholic Relief Services	\$ _____	October	
		Propagation of Faith (World Missions)	\$ _____
April		November	
Home Missions	\$ _____	Campaign for Justice & Hope	\$ _____
		December	
		Retired Religious	\$ _____
		Children's Home	\$ _____

Instructions:

- 1) Complete the "annual" donation authorization form indicating:
 - Sunday offering**—Regular support of our parish.
 - * Frequency of Payment, either semi-monthly or monthly.
 - * The amount you are authorizing; and
 - * If monthly, the option of either on the 15th or the 30th of each month.
 - Annual Parish Collections**—These amount will be debited on the 30th of the month.
 - * Indicate the amount in the space provided.
 - Annual Diocesan Collections** (page 2)—These amount will be debited on the 15th of the month.
 - * Indicate the amount in the space provided.
 - Capital Campaign**—This amount will be debited on the 30th of the month.
- 2) Indicate which account you would like the electronic debit to be taken from; either your checking account or your savings account. You **must** attach a voided check or a savings deposit slip to this form. Without this information, the parish will not be able to make the electronic debits.
- 3) Sign and date the form. Either mail, or bring, the completed form to the parish office.

Note: you can make changes to your authorization form at any time during the year. A change can be to a contribution amount, a date, a change in the financial institution and/or to discontinue the authorization of the electronic giving program.

