

**ACH Authorization Form
St Joseph Catholic Church – Lincoln, Nebraska**

In response to God's provision in my life, I establish this electronic fund transfer agreement to provide consistent financial support for His work through the ministry of St Joseph Catholic Church

(Please Print) Name: _____

Address: _____ City _____ State _____ Zip _____

Please complete information by each numbered item below. Thank you.

- 1 Contributor Authorization Form for (check one)
- New Authorization
 - Change Contribution Amount
 - Discontinue Electronic Giving
 - Change Contribution Mode (weekly/monthly)
 - Change Financial Institution Account

2 I wish to make an ongoing commitment to the following funds:

Stewardship of Treasure	\$	_____
Debt Reduction	\$	_____
Other	\$	_____
Total Amount per Contribution	\$	_____

3 I would like this offering to be made in the following way:

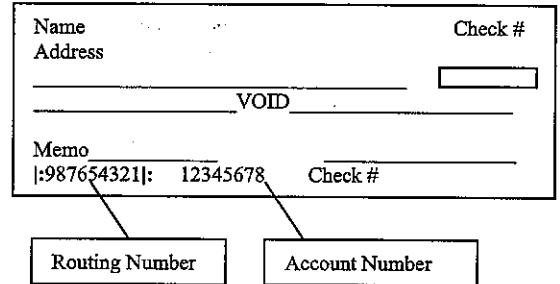
- Weekly (made on the Wednesday of each week)
- Monthly (made on the 15th of each month)

4 Please take my contribution directly from the account specified:

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

Routing Number: _____ Account Number: _____

(Please see diagram for help determining Routing & Account Numbers)



I hereby authorize St Joseph Catholic Church and Union Bank and Trust Co to initiate debit entries to my account. I have attached a voided check or savings deposit slip. This authority is to remain in full force and effect until St Joseph Catholic Church has received written notification from me (or either of us) of its termination in such time and manner as to afford St Joseph Catholic Church and Union Bank and Trust Co. opportunity to act on it.

5 Authorized signature on my account: _____ Date: _____

**Please attach a
VOIDED checking or savings deposit slip
here**