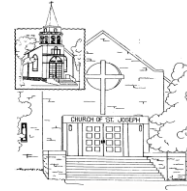


# St Joseph Catholic Church

PO Box 458  
Lamberton MN 56152  
Parish Phone 507-752-7269  
Email [stjoseph@centurylink.net](mailto:stjoseph@centurylink.net)



## Electronic Contribution Authorization Form

I hereby authorize St. Joseph Church of Lamberton, MN and the Financial Institution named below to initiate entries in my checking/savings account. This authority will remain in effect until I notify the Financial Institution in writing to cancel it in such time to afford the Financial Institution a reasonable opportunity to act on it.

### Please complete the following information:

(Check your preferences and amount)

- ☐ For **Sunday envelope** deduct \$\_\_\_\_\_ on the 1<sup>st</sup> of each month.
- ☐ For **Sunday envelope** deduct \$\_\_\_\_\_ on the 15<sup>th</sup> of each month.

**Starting date** \_\_\_\_\_

Your name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Type of account: (check one) ☐ Checking ☐ Savings

I have acknowledged that I have received a copy of this authorization form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided check or savings deposit slip to confirm your bank account numbers.**

.....  
(For Office to Complete)

Church Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Account number \_\_\_\_\_ Routing number \_\_\_\_\_