



Authorization for Direct Payment

Cathedral of St. Joseph

I authorize St Joseph Cathedral and the financial institution named below to initiate entries from my checking or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

 (NAME OF FINANCIAL INSTITUTION) (BRANCH)

 (CITY) (STATE) (ZIP CODE)

 (MY SIGNATURE) (DATE)

 (NAME - PLEASE PRINT)

 (ADDRESS - PLEASE PRINT)

Account No. _____ Checking or Savings _____ Parish Envelope #

Amount of Withdrawal \$ _____ on the _____ 1st Sunday
 on the _____ 3rd Sunday
 on _____ each Sunday of the month

Financial Institution Routing Number _____

(between these symbols **⑈** **⑉** on the bottom left of your check)

Please attach a voided check.

RETAIN FOR YOUR RECORDS

On _____ I authorized
 (DATE)

St Joseph Cathedral
 (COMPANY NAME & DEPT.)

521 N Duluth Avenue, Sioux Falls, SD 57104
 (ADDRESS)

to initiate electronic entries to my checking or savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Initial payment amount: \$ _____ (if payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)

Amount will be withdrawn on the _____ 1st Sunday, _____ 3rd Sunday, _____ each Sunday of the month