



**ST. JOSEPH CATHOLIC CHURCH**  
**1722 N STARR DR**  
**FAYETTEVILLE, AR 72701-2937**  
**479-442-0890**

**MONTHLY CONTRIBUTION OPTIONS**  
**AUTOMATIC BANK DRAFT or CREDIT / DEBIT CARD**

Parish ID/Envelope Number \_\_\_\_\_ Effective/ Start Date: \_\_\_\_\_

**Check One:**       **New Draft**               **Change Existing Draft**

**Please**  **Continue/**  **Stop** mailing monthly envelopes (includes Diocesan Collection/Other Gift envelopes)

I authorize St. Joseph Catholic Church to automatically draft my account as follows:

**MONTHLY CONTRIBUTION** (*Drafts between 15<sup>th</sup> – 20<sup>th</sup> of month*)       **ONE-TIME GIFT**

Stewardship/General	\$ _____	*
School	\$ _____	*
Building Donation/Pledge Payment	\$ _____	*

*\*each drafts separately, not as lump sum*

**I retain the right to alter the amount or cancel this agreement at any time.**

**ELECTRONIC FUNDS TRANSFER**  
**BANK DRAFT**  
*(Please attach a voided check or deposit slip to this authorization form)*

Account # \_\_\_\_\_

ABA/Routing # \_\_\_\_\_

**CREDIT / DEBIT CARD**  
 **VISA**    **MC**    **AMEX**    **DISCOVER**

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card V-Code \_\_\_\_\_ \*

*\* 3 or 4 digit Card ID*

**Please Print:**

Name \_\_\_\_\_ (as shown on ACCOUNT / CARD)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Return to Finance Manager at the Parish Offices –or Drop in Collection Basket in sealed envelope.**