



2018 PAYMENT AUTHORIZATION FORM

St Joseph Parish 173 Albion St, Wakefield MA 01880

P: 781 245 5770 F: 781 246 2423

www.stjosephwakefield.org

CONTACT INFORMATION

Name on Account:

Account Holder's Phone #

Current address:

City:

State:

ZIP Code:

I authorize the following:

- New Payment from Account Specified Below *(Choose either bank or credit card. One account only, please.)*
- Change Indicated Below
- Discontinue Electronic Funds Transfer from Account or Fund Specified Below.

ACCOUNT INFORMATION

(CHOOSE EITHER BANK OR CREDIT CARD. PROVIDE INFORMATION BELOW FOR ONE ACCOUNT ONLY.)

Bank Account Information

Credit Card Information

Bank Name

Credit Card Type

Account Type

- Checking *(please attach voided check)*
- Savings *(please attach deposit slip)*

Mastercard

Visa

American Express

Routing Number

Credit Card #

Account Number

Credit Card Expiration Date

Payment Authorization Effective Date / /

CONTRIBUTION SCHEDULE

Fund Type	Collection Date	Amount
Parish Offertory	Monthly	\$
School Facility	Monthly	\$
Special Collection Sunday	January	\$
Church in Latin America	January	\$
Catholic Charities (Ash Wednesday)	February	\$
Church in Africa, Central Eastern Europe	February	\$
Holy Land Shrines (Good Friday)	March	\$
Easter Sunday: Clergy Benefit Trust	April	\$
Home Missions and Black and Native Amer.	April	\$
Catholic Relief Services	May	\$
Seminarians (Priesthood)	May	\$
Holy Father – Peter's Pence	July	\$
Communications	August	\$
Catholic University of America	September	\$
Clergy Benefit Trust	September	\$
World Mission Sunday	October	\$
Campaign for Human Development	November	\$
Collection for Retired Religious Sisters	November	\$
Christmas: Clergy Benefit Trust	December	\$

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.

Authorized account signature: _____ Date: _____