

St. Joseph Catholic Church

606 Shore Road
Somers Point, NJ 08244
(609) 927-3568

Please indicate when you would like deductions to begin (*see Effective Date, below*).

Based on the information provided below, I authorize St. Joseph Catholic Church to debit my bank account using Electronic Giving (EG) for my donation to the parish offertory. I certify that I am authorized to approve this transaction for the bank account provided. I also understand that this automatic debit will be effective until notice of change or termination is given to the parish at least two (2) weeks in advance of the next collection date. Notice must be provided in writing to the Parish Office.

Payment Schedule: **Effective Date:** _____

CHOOSE ONE:

Weekly: (*to be collected on the Monday following each Sunday date*)

Amount: \$_____ .00

Monthly: (*choose one*):

5th of Month \$_____ .00

10th of Month \$_____ .00

20th of Month \$_____ .00

30th of Month \$_____ .00

Quarterly: (*to be collected on the 10th of January, April, July & October*)

Amount: \$_____ .00

Special Collections:

I wish to participate in the 14 Diocesan Special collections throughout the year, for example: Pro-Life, Catholic University, Mission Sunday, Holy Land, Retired Religious, Brazilian Missions, etc. These will be collected once each month **on the 15th**. I wish to designate the following amount each month to cover all 14 collections:

\$2. 00 \$5.00 \$10. \$20. Other _____

I wish to contribute to our Parish St. Vincent DePaul Society collection on Thanksgiving Day which benefits local families in need:

\$2. 00 \$5.00 \$10. \$20. Other _____

Note: Parishioners who elect to use Electronic Giving (EG) as a contribution method will continue to receive special mailings for the Christmas & Easter season.

Bank Information:

New EG Member Change to Existing EG Discontinue EG

Name of Financial Institution _____

Name on Account: _____

Routing Number _____ Bank Account Number _____
(First 9 digits on check)

Checking (please send voided check) Savings

Authorized Signature _____ Date _____
(Required)

Contact Phone Number: _____

Please drop into the collection basket in a sealed envelope or bring / send to the Parish Office at the address above.