



ST. JOSEPH PARISH

260 Herkimer Street
Hamilton, ON, L8P ZH9
www.stjosephhamilton.church

Save time with the St. Joseph Parish Weekly Offertory Pre-Authorized Payment Plan

Enrolling is six easy steps, or update current plan:

1. Complete and sign this pre-authorized payment plan agreement
2. Attach an unsigned cheque clearly marked "VOID" with the signed agreement
3. Return the completed form to the parish office, or you may place it in the offertory baskets
4. You may continue using your Offertory envelopes during the weekly collection, simply write on the envelope DD (Direct Deposit) instead of your usual amount.
5. If you need a set of Envelopes, please check this box:
6. We will ask you to reconsider your contributions annually and sign a new form as needed.



PAYER INFORMATION

Payer's Full Name:

Payer's Address:

Home Phone Number:

Cell Phone Number:

E-mail Address:



GIVING OPTIONS - PLEASE SELECT ONE:

- Option A: Direct Deposit - for verification purposes, please enclose a cheque marked VOID

Bank Name:

Bank Account Number:

- Option B: Credit Card

VISA

Mastercard

Amex

Name on Card:

Card Number:

Card Expiry:

CV Code (back of card):



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In Support of the St. Joseph Parish Community

Sunday Offertory	Payment Amount	\$ _____ Monthly ____ x 12 \$ _____
Our Neighbors in Need		\$ _____ Monthly ____ x 12 \$ _____
Maintenance and Restoration Fund		\$ _____ Monthly ____ x 12 \$ _____
Easter		\$ _____ Monthly ____ x 12 \$ _____
Christmas		\$ _____ Monthly ____ x 12 \$ _____

In Support of the Catholic Church in Canada

Share Lent		\$ _____ Monthly ____ x 12 \$ _____
Seminary Education		\$ _____ Monthly ____ x 12 \$ _____
Pope's Pastoral Works		\$ _____ Monthly ____ x 12 \$ _____
The Needs of the Canadian Church		\$ _____ Monthly ____ x 12 \$ _____
Evangelization of Peoples		\$ _____ Monthly ____ x 12 \$ _____

Total Contributions Annually:

Total: \$ _____

By signing this form, I/We Authorize St. Joseph Parish to collect funds as instructed above and to charge the amounts specified to my/our bank account or credit card. This Authorization may be cancelled at any time upon written notice by me/us. Delivery of this signed form to St. Joseph Parish constitutes authorization by me/us for the Parish to collect funds as of the date indicated below.

Date:

Signature:

Second Signature if required:

Thank you!