



St. Joseph Parish Monthly Direct Deposit Tithing Application

This application will allow St. Joseph Parish to withdraw funds from your checking or savings account for tithing once a month as directed.

Name _____

Daytime Phone # _____

Address _____

Parish Envelope # _____

City _____ State _____ Zip _____

Tithing amount to withdraw \$ _____

Email Address _____

Monthly Transaction will be processed on the 2nd Monday of the month.

Account Information:

Type of account: Checking Savings

Bank Routing Number: _____

(This number must start with a 0, 1, 2, or 3. This field requires exactly 9 digits.)

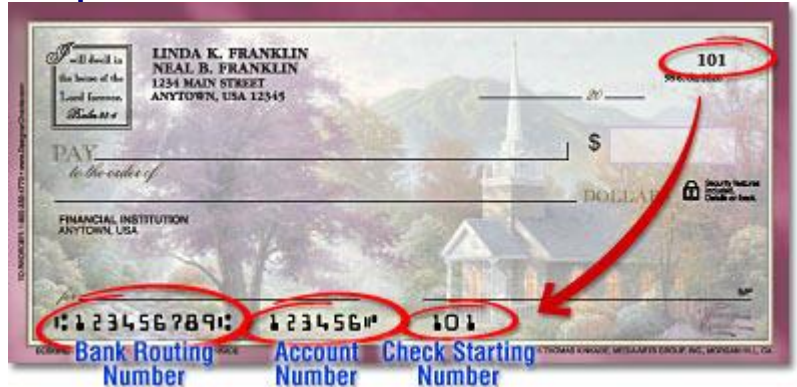
Account Number _____

(Include all leading zeros; omit any spaces or characters. Credit Union Members: Use the full account number from your check, not your member number.)

Starting date ____/____/____

(Date of first transaction for Tithing Direct Deposit)

Sample check:



Do you want to continue to receive weekly Tithing envelopes? Yes No

(You will still receive special envelopes, i.e. Easter, Christmas, Holy days, etc.)

Your Envelope Number will change to an 8000 number, if you mark NO for weekly envelopes.

Please attach a voided check to this application and mail this form to St. Joseph Parish, 404 W. Lawrence St., Appleton, WI 54911 or drop it off at the Parish Office or in the weekly collection basket.

If you have any questions, want to change any information or stop the transaction, please contact Betsy Sowin at the Parish Office at 734-7195 or e-mail at BSowin@SaintJosephParish.org
Changes must be received BEFORE 11:00 a.m. Monday if you want it effective that day.

Please review all of the information you have entered, double-checking it against the information on your existing checks. If the information you have provided is not accurate, there may be a delay in the processing.

Signature _____

Date ____/____/____