



## E-GIVING ENROLLMENT

### AUTHORIZATION FORM FOR ELECTRONIC CONTRIBUTIONS

**PLEASE CHOOSE ONE OF THE FOLLOWING:**

- I hereby authorize St. Joseph / St. Raphael to begin withdrawing funds from my bank account indicated by my attached voided check.

*Please attach a voided check*

Contribution(s) shall be in the amount of \$\_\_\_\_\_ and shall be payable:

- One-Time, single donation.  
 Weekly, on the following day of each week \_\_\_\_\_ (Mon-Sun), or  
 Monthly, on the following day of each month \_\_\_\_\_ (1st – 30th).

**OR**

- I hereby authorize St. Joseph / St. Raphael to charge my debit / credit card listed below.

Each contribution shall be in the amount of \$\_\_\_\_\_ and shall be payable:

- One-Time, single donation.  
 Weekly, on the following day of each week \_\_\_\_\_ (Mon-Sun), or  
 Monthly, on the following day of each month \_\_\_\_\_ (1st – 30th)

Type of card:  Visa  MasterCard  Discover  American Express

Card number: \_\_\_\_\_ Expiration: Month \_\_\_\_\_ Year \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

**ALL PARTICIPANTS PLEASE FILL OUT THE FOLLOWING:**

FULL NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ENVELOPE NUMBER ON CHURCH OFFERING ENVELOPES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_