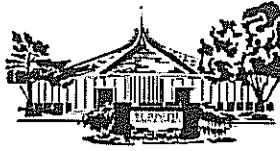


ST JOSEPH Est. 1868
CATHOLIC CHURCH



5901 Flint Street • Shawnee KS • 66203 • 913.631.5983

My/Our contribution to St. Joseph Parish will be: \$ _____

(Please \checkmark one)

- weekly monthly quarterly annually
 one time payment \$ _____

Signature

- Please continue to send me offering envelopes.
 New to Electronic Funds Transfer. (See below.)
 Current Electronic Funds Transfer. Please continue automatic withdrawal.

EFT users: On holidays, or if 1st or 15th fall on a weekend, debit will be on next business day.

Email address: _____

Automatic Withdrawal

Please automatically debit from my bank account \$ _____. checking savings

Please \checkmark one) weekly monthly (1st) semi-monthly (1st & 15th)

Effective Date: _____

Signature _____

Print Name: _____

- My bank information has not changed. Please continue using current account information.
 My bank information has changed. See attached voided check.

Any changes to or cancellation of EFT: A 2 week written notice to the Accounting Office is required. For information, call Vicky, 248-4570.

Please attach a voided check.