



## Authorization for Automatic Payment

***I authorize St. Joseph Parish, Prescott WI and the financial institution named below to initiate electronic entries to my checking, savings, or credit card account on the 15<sup>th</sup> of each month until written notification to discontinue.***

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

eMail Address: \_\_\_\_\_ Envelope # \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Checking or Savings

Financial Institution Routing Number \_\_\_\_\_

This is the first set of numbers on the bottom left of your check/deposit slip – 9 numbers total

Checking Account Number \_\_\_\_\_ OR Savings Account Number \_\_\_\_\_

Must include a voided check or a deposit slip with your routing/account number on it for audit purposes.

### Credit Card

Check Type of Credit Card Payment:



MasterCard



Visa



American Express

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ - \_\_\_\_

CSC#: \_\_\_\_ (3 digit No. printed on the back of MasterCard/Visa) CSC#: \_\_\_\_ (4 digit No. on front of Am Ex)

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
Parish Office Only: Date Received \_\_\_\_\_ Date ACH will begin \_\_\_\_\_ Staff Initials \_\_\_\_\_

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*At the confluence of the Mississippi and St. Croix Rivers since 1867*

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