

**ST. JOSEPH CO-CATHEDRAL
P.O. BOX 966
THIBODAUX, LA 70302**

Authorization for Electronic Direct Draft

I authorize St. Joseph Co-Cathedral and the financial institution named below to initiate entries to my checking account in the amount of \$ _____.00, *Weekly Monthly (circle either)*.

My envelope number is _____. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can also stop payment of any entry by notifying my financial institution 6 days before my account is charged.

(Name – Please Print)

(Address – Please Print)

E-Mail address: _____

(Signature)

(Date)

(Name of Financial Institution)

(City)

(State)

(Zip Code)

Account No. _____

Financial Institution Routing Number-

(Between these symbols: |: on the bottom left of your check)

You must also attach a voided check from your checking account. Please mail to St. Joseph Co-Cathedral, Attn: Miriam Guillot, P.O. Box 966, Thibodaux, LA 70302 or you may drop in the collection. If you have any questions, call Miriam Guillot at the church office at (985) 446-1387 or stjosephcc@htdiocese.org

We recommend you have a copy made of this agreement for your records.