

**St. Joseph, Roseburg
St. Francis Xavier, Sutherlin**

800 W. Stanton Street
Roseburg, Oregon 97471
(541) 673-5157

**Recurring Payment Plan Authorization Form
Debit Card or Credit Card (Visa, MasterCard, Discover Card)**

Schedule your payment to be automatically deducted from your checking account, or charged to your Visa, MasterCard, or Discover Card.

The Recurring Payment Plan will help you in several ways:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)
- It's easy to sign up

Here's how the Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking account or credit card. You will be charged each month the total amount you desire to contribute, on the date that you choose. A receipt of payment will be emailed to you and will appear on your statement.

Please complete the information below:

I _____ (Name) authorize St. Joseph Catholic Church or St. Francis Xavier Catholic Church to charge/debit my account:

_____ each Sunday of the month for my weekly offertory (mark an x here if you are wanting to give every Sunday) for payment of my contribution.

_____ I prefer to contribute twice a month on the _____ & _____ (Date of transaction ie: 10th & 20th) for payment of my contribution.

_____ I prefer to contribute once each month on the _____ (Date of transaction ie: 20th) for payment of my contribution.

Offertory Amount: \$ _____ Name of Church: _____

Billing Address: _____ Phone: _____

City, State, Zip: _____

CHECKING ACCOUNT/DEBIT CARD or CREDIT CARD Visa, MasterCard, Discover

Cardholder Name: _____

Account Number: _____

Exp. Date: _____

CVV (3 digit number on back of card): _____

SIGNATURE: _____ **Date:** _____

I agree to notify the business in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. FOR ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the company's recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.