

Catholic Charities of Kansas City-St. Joseph

RECURRING DONATION

AUTHORIZATION

Schedule your donation to be automatically deducted right from your checking or savings account.
Just complete and sign this form to get started!

Please complete the information below:

I, _____, authorize Catholic Charities of Kansas City-St. Joseph to charge my bank account the indicated donation amount below each month on the: 5th 20th

Billing Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Account Type: Checking Savings

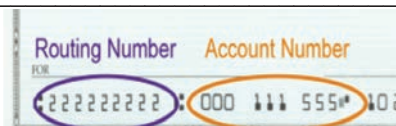
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Giving Information

Total equal recurring monthly donations of \$ _____

Starting Month/Year _____

Ending Month/Year _____

Use my donation to support all Catholic Charities programs.

Amount \$ _____

I'd like my donation to be used toward a program that's special

to me: _____ Amount \$ _____

SIGNATURE: _____

DATE: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Catholic Charities of Kansas City-St. Joseph** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that **Catholic Charities of Kansas City-St. Joseph** may at its discretion attempt to process the charge one additional time within 30 days, and I agree to separate **\$32.00 charges** for the original and any subsequent returned NSFs, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Simplify Giving

Recurring payments will make your life easier:

- Save time and postage.
- Enjoy the convenience of automatic withdrawals.
- Know you're making a difference.

Here's how recurring payments work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount you choose each billing period. A receipt for each payment will be emailed to you, and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the donation being collected.

Mission

It is our mission To *Serve & To Lift* all whom we come in contact with — serving client's immediate needs relieving whatever anxiety or burden is on their heart while simultaneously seeking to lift them to the dignity of self-reliance.



Thank You!

