

ST. JOSEPH SCHOOL ENDOWMENT AND CHARITABLE TRUST

1315 College Avenue/Conway, Arkansas 72034
Phone – (501) 329-1818, Fax – (501) 505-0382

AUTHORIZATION FOR DEBITS ON CREDIT CARD FOR ENDOWMENT DONATION

Please Print

Last Name _____ First Name(s) _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

Email address _____

Name on card _____ Visa MasterCard

Card Number _____ Exp. Date _____

Debit my credit card account (please check one):

____ Monthly on the 5th of month beginning ____/____/20____ in the amt. of \$ _____

____ Monthly on the 20th of month beginning ____/____/20____ in the amt. of \$ _____

Please write in which fund you wish to give to

(refer to our website HYPERLINK "http://www.sjse.org" www.sjse.org and go to the Designated Funds page for a complete listing of options)

I authorize St. Joseph School Endowment and Charitable Trust to initiate debits on my credit card account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford St. Joseph School Endowment and Charitable Trust a reasonable opportunity to act on it. I can revoke the authorization of any entry by notifying my financial institution in writing 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 50 days after posting, whichever occurs first.

Authorized Signature _____

Date _____