

ST. JOSEPH SCHOOL ENDOWMENT AND CHARITABLE TRUST

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

AUTHORIZATION FOR AUTOMATIC DRAFT FOR ENDOWMENT DONATION

Please Print

Last Name _____ First Name(s) _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

Email address: _____

Bank Name: _____ Bank Phone Number: _____

Bank Routing # (1st set of (9) numbers on the bottom of your check): _____

Account # (2nd set of numbers on the bottom of your check): _____

___ Checking ___ Savings

Draft my 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 debit entries from my checking/savings 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.

Signature: _____ Date: _____

**TO INSURE ACCURACY,
A VOIDED CHECK MUST BE ATTACHED TO THIS FORM & MAILED TO THE ENDOWMENT
OFFICE.**