

# St Joseph Food Program, Inc.

## Automatic Withdrawal Agreement Form

Thank you for choosing the automatic withdrawal monthly payment plan! It is a simple and easy way to make steady contributions to the St Joseph Food Program, Inc. You may authorize payments to be made directly from your checking or savings account. Your payments will be withdrawn on the 15th of each month or the Monday after, if the date falls on a weekend. Proof of payment will appear on your bank statement. This Agreement will be ongoing and continue from year to year or until the Responsible Party terminates the Agreement. The Responsible Party has the right and the obligation to contact St Joseph Food Program, Inc. with changes to their bank account information or donation amount.

As the Responsible Party, I authorize St Joseph Food Program, Inc. and its financial institution to initiate withdrawals from my checking/savings account listed or any subsequent account provided. I can stop payment any entry by notifying St Joseph Food Program, Inc. at least 10 business days before my account is to be charged. I understand and agree that in the event I have a returned payment, the NSF payment will be withdrawn from my checking/savings account when withdrawal is reattempted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RESPONSIBLE PARTY

Name(s): \_\_\_\_\_

Name(s) on checking/savings account to be used:

\_\_\_\_\_  
Address & City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**AUTOMATIC BANK PAYMENTS** Please verify with your financial institution that the account you plan to use allows automatic payments.

Bank Name: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Bank Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Routing Number: \_\_\_\_\_ (first 9 numbers on bottom of your check)

Account Number: \_\_\_\_\_

Choose one:  Checking  Savings

Please attach a canceled check (if checking) or withdrawal slip (if savings) for corresponding account.

### PAYMENT TERMS

Month of 1st Payment: \_\_\_\_\_

Please return this completed agreement and  
a cancelled check for the checking account or a withdrawal slip for a saving account to:

*St Joseph Food Program, Inc.*  
1465A Opportunity Way  
Menasha WI 54952