

# ST. JOSEPH SCHOOL ENDOWMENT AND CHARITABLE TRUST

1315 College Avenue/Conway, Arkansas 72034

Phone - (501) 329-1818 or 1-888-267-2081, 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 No. (1<sup>st</sup> set of (9) numbers on the bottom of your check):\_\_\_\_\_

Account No. (2<sup>nd</sup> set of numbers on the bottom of your check):\_\_\_\_\_

\_\_\_\_\_ Checking \_\_\_\_\_ Savings

Draft my account (please check one):

\_\_\_ Monthly on the 5<sup>th</sup> of month beginning \_\_\_/\_\_\_/20\_\_\_ in the amt. of \$\_\_\_\_\_

\_\_\_ Monthly on the 20<sup>th</sup> of month beginning \_\_\_/\_\_\_/20\_\_\_ in the amt. of \$\_\_\_\_\_

Please write in which fund you wish to give to:

\_\_\_\_\_

(refer to our website [www.sjse.org](http://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.**