

St. James Parish Registration Form

If you are an adult, 21 years and over, living in this household, we ask that you fill out your own registration form.

Title: Mr/Mrs Mr Mrs MS Miss Dr/Mr Dr		Spouse	
Family Last Name:		Street Address	
P O Box		Phone UNL (Y) (N)	
City/State/Zip		Fax	
email address			

HEAD			
Last, First, Middle			
Marital Status: Mar Sing Div Sep Wid			
Religion			
Occupation			
Work Address			
Business Phone			
Birth Date	(Y)(N) Baptism Date	(Y)(N) 1st Communion	(Y)(N) Confirmation Date
Ministry/Talents - Would Like to Volunteer For:			
Member Remarks:			

SPOUSE			
Last, First, Middle			
Maiden Name			
Religion			
Occupation			
Work Address			
Business Phone			
Birth Date	(Y)(N) Baptism Date	(Y)(N) 1st Communion Date	(Y)(N) Confirmation Date
Ministry/Talents - Would Like to Volunteer For:			
Member Remarks:			

CHILD

Last, First, Middle

Religion

School Attending:

Grade (as of date of registration)

Sex (M) (F)

Birth Date

(Y)(N) Baptism Date

(Y)(N) 1st Communion Date

(Y)(N) Confirmation Date

Talents/Ministry - Would Like to Volunteer For:

Member Remarks:

CHILD

Last, First, Middle

Religion

School Attending:

Grade (as of date of registration)

Sex (M) (F)

Birth Date

(Y)(N) Baptism Date

(Y)(N) 1st Communion Date

(Y)(N) Confirmation Date

Talents/Ministry - Would Like to Volunteer For:

Member Remarks:

CHILD

Last, First, Middle

Religion

School Attending:

Grade (as of date of registration)

Sex: (M) (F)

Birth Date

(Y)(N) Baptism Date

(Y)(N) 1st Communion Date

(Y)(N) Confirmation Date

Talents/Ministry - Would Like to Volunteer For:

Member Remarks:

# DEBIT AUTHORIZATION FORM

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Please complete the following and enclose a voided check on the account you want drafted. This will allow electronic transfer of funds from your account to the account of St. James Catholic Church.

Please check one:

(  ) Checking Account No. \_\_\_\_\_ Name of Bank \_\_\_\_\_  
\_\_\_\_\_

OR

(  ) Savings Account No. \_\_\_\_\_ Name of Bank \_\_\_\_\_  
\_\_\_\_\_

Please choose to have your account listed above drafted as follows:

(  ) Once each month either on \_\_\_\_\_ Monday following the first Sunday or  
\_\_\_\_\_ Monday following the third Sunday

OR

(  ) Twice each month on the Monday following the first Sunday and the  
Monday following the third Sunday.

Amount to be drafted for the General Fund: \$ \_\_\_\_\_

Your signature gives St. James Catholic Church permission to draft your account listed above with the information provided by your voided check.

This authorization may be changed at any time. It will remain in effect until you notify St. James Catholic Church in writing that the draft should be changed or discontinued.

Please allow two weeks for the Church and Bank to act upon your instructions. Unless you specify otherwise, this draft will take effect as of the first day of the month following the date you sign the form, provided the bank has had time to act upon your instructions.

We (I) acknowledge that the origination of ACH transactions to our (my) account must Comply with the provisions of U.S. Law.

Your signature \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

Please Print Name: \_\_\_\_\_  
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