



Monthly Giving Form

Name: _____

Address: _____

I authorize St. James Coffee to charge my bank account or credit/debit card \$ _____ each month on the 10th (or, my preferred day of the month: _____).

Bank account: CHECKING or SAVINGS (circle one)

Routing number: _____

Account number: _____

Credit/debit card: AMEX, DISCOVER, MASTERCARD or VISA (circle one)

Card number: _____

Expiration date (mm/yy): _____

Card security code: _____

I understand that this authorization remains in effect until I cancel it in writing, and I agree to notify St. James Coffee in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next payment date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that payment may be executed on the next business day. I understand that because these are electronic transactions, funds may be withdrawn from my account as soon as the above noted periodic payment dates. In case of an ACH transaction being rejected for non-sufficient funds, I understand that St. James Coffee may at its discretion attempt to process payment again within 30 days. I acknowledge that origination of ACH transactions from my account must comply with provisions of U.S. law. I agree to not dispute this recurring payment with my bank as long as the transactions correspond to the terms indicated on this authorization form. I agree that no prior notification will be provided for my recurring payments unless the amount or date changes, in which case St. James Coffee will notify me at least 10 days prior to the payment date. I understand that my information will be saved on file for future transactions on my account.

Signature / date: _____

Thank you so much for your generosity!