



ST. PATRICK'S PARISH
AUTOMATIC DONATION WITHDRAWAL: PRE-AUTHORIZED DEBIT/CREDIT SIGNUP

PARISHIONER INFORMATION (PLEASE PRINT LEGIBLY)

Name: _____ Envelope # _____
Address: _____ Postal Code: _____
Email: _____ Phone: _____

DEBIT BANK OR CREDIT CARD OPTION (MARK YOUR CHOICE WITH AN 'X')

BANK ACCOUNT []

CREDIT CARD



[]



[]

DONATION AMOUNT & FREQUENCY

AMOUNT: \$ [] 00/100 DOLLARS 1st of the MONTH [] 15TH of the MONTH [] MONTHLY
(MARK YOUR CHOICE WITH AN 'X')

BANK INFORMATION BANK NAME

BANK ADDRESS

BRANCH# _____ FINANCIAL INSTITUTION # _____ ACCOUNT# _____

CREDIT CARD INFORMATION

CARDHOLDER NAME _____

CREDIT CARD # _____ CVC# _____ EXPIRY DATE (MM/YY) _____

AUTHORIZATION

I authorize St. Patrick's Parish to debit my bank or credit card as per my selection marked above; I understand that I may change or cancel my authorization at any time by providing written notice, subject to providing notice of 30 days in advance of the next withdrawal.

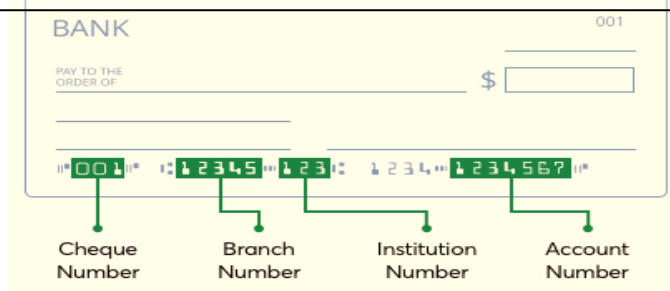
Name _____ Signature _____

(BANK ACCOUNT HOLDER OR HOW NAME APPEARS ON DEBIT/CREDIT CARD)

(AUTHORIZED ACCOUNT HOLDER)

DATE (DD/MM/YY) _____

FOR BANK DEBIT DONATION, PLEASE ATTACH VOID CHEQUE.



DONATIONS TO BE APPLIED AS FOLLOWS:

General Fund \$ _____
St. Vincent de Paul \$ _____