

# ST. PATRICK PARISH WEEKLY COLLECTION AUTOMATED WITHDRAWAL FORM

Name: (please print) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I authorize the following  New Payment  Change in Payment  Discontinue Payment

I would like to enroll in the St. Patrick Parish program. I understand that my monthly contribution amount will be transferred directly from my checking account or credit card, to St Patrick Parish account, a record of my gifts will appear on my bank or credit card statement and my transfers will begin on date indicated below. I understand that I can increase, decrease or suspend my giving by *contacting St. Patrick Parish at (631) 385-3311*

Signature: *X* \_\_\_\_\_

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

## BANK /CREDIT CARD ACCOUNT INFORMATION

( Please attach voided check)

Bank Name: \_\_\_\_\_

Account Title:  Checking Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Savings Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



Visa or MasterCard only

Type of Credit Card: \_\_\_\_\_ 3-Digit Security Code (From back of card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on Credit Card (please print): \_\_\_\_\_

Sunday you wish to start: \_\_\_\_\_

Stewardship contribution amount: \$ \_\_\_\_\_