

CHURCH of ST. PATRICK Weekly Collection

AUTOMATED WITHDRAWAL FORM

Name: (please print) _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ e-mail: _____

I authorize the following Weekly Contribution: \$ _____ Start Date: _____

\$ _____ New Payment \$ _____ Change Payment \$ _____ Discontinue Payment

I would like to enroll in the St Patrick Parish Weekly Collection program. I understand that my contribution amount will be transferred directly from my checking account or credit card, St Patrick Parish account, a record of my gift(s) will appear on my bank or credit card statement and my transfers will begin on date indicated above. I understand that I can increase, decrease or suspend my giving by contacting St. Patrick's Parish, 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 _____

CREDIT CARD

MASTERCARD * VISA * AMERICAN EXPRESS



Name as it appears on Credit Card (please print) _____

Credit Card Number _____ 3-4 Digit Security Code _____

Expiration Date _____ Billing Zip Code _____