



St. Cecilia Catholic Church

PLEASE PRINT ALL INFORMATION

Name :		Envelope No:
Address:		
City:	State:	Zip:
Please accept my ongoing contribution from my:	<input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (attach a savings deposit slip) <input type="checkbox"/> Credit Card	

Contribution Information

Date electronic giving to begin: _____
Date electronic giving to end: _____
Contribution Information \$_____ Monthly (The 1 st or 15 th CIRCLE ONE) To calculate monthly amount multiply the weekly contribution by 52 and divide the result by 12. Offertory Fund

Checking or Savings Account Information

Routing #: Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols □:□:	Account #:
Name as it appears on your checking or savings account:	

Credit Card Information

(Personal credit cards only – we are charged a much higher fee for non-personal cards.)

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover Card
Account #:	Expiration Date:	
Name as it appears on your credit card:		

I authorize St. Cecilia Catholic Church to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.	
Authorized signature on account:	Date:

****IF YOU CHOOSE CHECKING OR SAVINGS, PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP****