

REMITTANCE FORM

1. Please use this remittance form for all assessment payments, insurance, PAF and all special collections. Exclude payments for the Propagation of the Faith and Mission Cooperative Plan Collections.
2. Assessment payments should be made on a **monthly** basis and be paid in full before the end of the fiscal year.
3. Make all checks payable to the **DIOCESE OF METUCHEN**.

Parish Location # _____, 20 _____

Parish Name & Town _____

<u>Check #</u>	<u>Item (Assessment, Special Collection, etc.)</u>	<u>Amount of Payment</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total Enclosed	\$ _____

Pastor / Administrator

Forward completed remittance form with payment to:
DIOCESE OF METUCHEN – OFFICE OF FINANCE
P.O. Box 191, Metuchen, NJ 08840-0191

*** YOUR CANCELLED CHECK IS YOUR RECEIPT ***