

Electronic Giving Form

*Name: _____ Email _____
*Address: _____ *City/Zip: _____
Phone: _____ *Required Information

CHECKING ACCOUNT DEDUCTION AUTHORIZATION (ACH):

Financial Institution Routing Number: _____

Checking Account Number: _____

**** Please attach a voided check ****

One Time **Weekly** **Monthly on 1st** **Monthly on 16th**
\$ _____ \$ _____ \$ _____ \$ _____
If the 1st or 16th of the month fall on a weekend or holiday, the deduction will be made the following business day.

I authorize St. Bridget Roman Catholic Parish Mesa to directly withdraw the above amount from my bank account. I authorize my contributions to be withdrawn until I provide written notification of any change.

Signature _____

Date _____

CREDIT CARD AUTHORIZATION:



Credit Card Number _____

(Visa or MasterCard only)

Exp. Date: _____ Security Code: _____ Monthly Amount: _____

I authorize St. Bridget Roman Catholic Parish Mesa to charge the above amount to my credit card each month. I authorize my contributions to be charged until I provide written notification of any change. I understand my credit card will be charged around the 1st of each month.

ONE TIME DONATION: \$ _____ (This will be processed upon receipt in our office)

Envelope # _____