

ConnectNow Giving Enrollment Form Payment Authorization

Weekly Offertory _____ x 52 Weeks = _____ Year Offertory
 ÷ 12 = _____ Monthly Offertory (1st Collection) **One Monthly Deduction**

Process My Gifts on the: 5th or 20th of the month *(please check only one box)*

Collection Name	Date	Amount/Mo.	Collection Name	Date	Amount/Mo.
Parish 2nd Collections			Outside Organizations		
Building & Maint.	Monthly		St. Vincent dePaul	8 months	
Solem. of Mary	January		(Jan, Apr, May, June, July, Aug, Sept, Nov)		
Easter Decorations	March		Family Promise	February	
Easter	March/April				
Mother's Day Novena	May				
Parish Landscaping	May		Diocesan Collections		
Father's Day Novena	June		Catholic University	January	
Feast of Assumption	August		Black & Indian Mission	February	
Parish Energy Assist.	October		CRS/Latin America	March	
All Saints Day	November		Rice Bowl	March	
All Souls Day	November		Holy Land	Good Friday	
School Develop. Fund	November		Dioc. Priest Retirement	May	
Immaculate Conception	December		Peter's Pence	June	
Christmas Decorations	December		Cathedral of St. Peter	August	
Christmas	December		Share in the Spirit	September	
			Mission Sunday	October	
			Camp. Human Dev	November	
			Religious Retirement	December	

To give names of your dedications or intentions for collections please call the office—302-999-0211

Monthly Offertory (2nd Collection) One Monthly Deduction
Total Determined by above allocation

Process My Gifts on the: 5th or 20th of the month *(please check only one box)*

*This form is only necessary to fill out if you are unable to sign up online
and need parish office assistance*

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Name on account (Print)	Account Holder's Phone #
Address	
City, State, Zip	
Email Address: (Required)	
I authorize the following:	<input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account Specified Below

Account Information	
(Choose either Bank or Credit Card. Provide information below for ONE account only)	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Debit Card
Account <input type="checkbox"/> Checking (please attach voided check) <input type="checkbox"/> Savings (Please attach card with bank routing # And account #)	Credit Card #
Routing Number	Credit Card Expiration Date
Account Number	Credit Card CSV #
Authorization Effective Date / /	Authorization Effective Date / /
	<input type="checkbox"/> Add 3% to cover cost of credit card Processing fee

I authorize the above-named church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$ _____ nonsufficient funds (NSF) fee charged to my account for NSF debits

Authorized account signature: _____ Date: _____