

St. Bernard of Clairvaux NEW PARISH CENTER DEBT REDUCTION Electronic Giving Authorization

Name: _____
Address: _____
City, Zip: _____
Email: _____

Envelope #: _____

Please do not send me envelopes in the future

Phone: _____

Amount: \$ _____

I wish to enroll in the St. Bernard of Clairvaux Electronic Giving Program for the New Parish Center Debt Reduction. My contributions will be directly (a) withdrawn from my checking account; or (b) charged to my credit card. I authorize my contributions to be withdrawn/charged around the 1st of each month until I provide written notification of any change or until the New Parish Center Debt is extinguished.

Signature

Date

Checking Account Deduction Authorization:

Financial Institution Routing Number: _____

Checking Account Number: _____

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

CREDIT CARD AUTHORIZATION:



Credit Card Number _____

Expiration Date: _____

Security Code: _____