

St Philip Church

1 Fr. Conlon Pl. ~ Norwalk, CT 06851 ~ 203.847.4549 ~ stphilip.rc.nwk@att.net ~ www.stphilipnorwalk.org

Please print name _____

Street address or envelope number _____

The following amounts will be my/our regular contributions to:

SUNDAY OFFERTORY, weekly \$ _____ or
SUNDAY OFFERTORY, monthly \$ _____ (4 1/3 x weekly amount), and
CAPITAL FUND, monthly \$ _____

Please indicate your method of payment:

G Electronic transfer from: G Checking Account G Savings Account

G Credit Card/Debit Card

Information for Transfer from Checking/Savings Account :

Bank Name _____

Routing Number _____ Account Number _____

Information for Credit Card Charge:

G Visa G MasterCard G Discover G American Express

Card # _____ Expiration Date _____

Name on Card _____

Billing Address _____

Starting Date: Monthly: Authorizations received by 5th of month, start on the 15th.

Weekly: Start 2nd Monday after authorization received.

I authorize St. Philip Church and Vanco Services, LLC, to debit my bank account or charge my credit card in accordance with the information provided above. I understand this authority will remain in effect until I provide reasonable notice to St. Philip Church to terminate the authorization .

Signature on bank account/credit card _____

Date _____

T H A N K Y O U !