

CATHOLIC SERVICE APPEAL



Only for payments by Credit Card or EFT

Name _____

Address _____

City _____ State _____ Zip _____

Parish _____

Daytime Phone (_____) _____

**PAYMENT OPTION:
Credit Card**

Credit Card Type Visa Mastercard Exp. Date _____

Credit Card Number _____

Printed Name on Card _____

Charge a ONE-TIME gift of \$ _____

Charge a MONTHLY gift of \$ _____ beginning _____ for _____ months.

Payments will be charged on the 15th of the month

Signature _____ Date _____

I agree that each payment will be the same as an instrument personally signed by me. The authority is to remain in effect until April 2012.

**PAYMENT OPTION:
Electronic Funds Transfer**

IMPORTANT: Please include a blank VOIDED CHECK

Name on Account _____

Withdraw a ONE-TIME gift of \$ _____

Withdraw a MONTHLY gift of \$ _____ beginning _____ for _____ months.

Transfer of funds will be made on the 1st or the 15th of each month. (Check preference)

Signature _____ Date _____

I agree that each payment will be the same as an instrument personally signed by me. The authority is to remain in effect until April 2012.