

PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_



I will be using credit card:

Visa     Master Card

Amer. Express     Discover

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Verification Number \_\_\_\_\_  
(last 3 numbers on back of credit card)

I'd like to sign up for Electronic Contribution.  
See other side for electronic transfer request

Total Gift        \$ \_\_\_\_\_ . \_\_\_\_\_

Paid Now         \$ \_\_\_\_\_ . \_\_\_\_\_

Balance            \$ \_\_\_\_\_ . \_\_\_\_\_

Balance to be billed over \_\_\_\_\_ months

**NOTE: WE CANNOT BILL BEYOND  
TEN MONTHS (Dec. - Sept. Only)**

Signature \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO:  
ANNUAL BISHOP'S APPEAL**

## ELECTRONIC TRANSFER REQUEST - ANNUAL BISHOP'S APPEAL

Name on Account (Please Print):

Address:

City:

State:

Zip:

Please transfer my contribution on: (Check One)  the 1st day of the month  
 the 15th day of the month

Please accept my ongoing contribution from my:  Checking Account (attached a voided check)  
 Savings Account (attached a savings deposit slip)

Routing # (between these symbols ■ ■):

Account #:

I authorize Diocese of Fort Wayne-South Bend to process debit entries to my account. I have attached a voided check or savings deposit slip. The authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature on my account:

Date:

**• Attach voided check or savings deposit slip •**