

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 •