

PARISHPAY ENROLLMENT FORM

YES! I WANT TO CONTRIBUTE TO ST. ANN USING PARISHPAY

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____
STREET STATE ZIPCODE

PHONE No. () _____ - _____

Please transfer \$ _____ per month from my account as follows:

REGULAR DONATION PER MONTH: \$ _____

SPECIAL COLLECTION PER MONTH: \$ _____ (Grounds, Fuel, 50/50 Raffle etc...)

One-time Christmas offering: \$ _____ (in December)

One-time Easter offering: \$ _____ (in April)

Please choose type of transfer: _____ Checking Account
_____ Savings Account
_____ Credit Card

If you would like to provide the rest of your information now, please complete the section below. If you would rather St. Ann's church office call you to obtain the rest of your information, please check the box here.

If you selected checking/savings, please provide:

9-digit routing number _____

Your account number _____

If you selected credit card, please circle the type of credit card you would like to use:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number: _____

Expiration Date (MM/YY) _____ / _____
(ie. 12/08)

Thank you so much for signing up for ParishPay! We think you will love the ease and convenience of this automated payment method. And we thank you for your continued support of your parish! If you have any questions, please feel free to call us, 637-0157.