

Parishioner Enrollment Card

Congratulations!

Electronic giving benefits you AND your parish.

To enroll in electronic giving, please fill out both sides of this form completely and return to ParishPay in the accompanying envelope.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Username*: _____

Password*: _____

*Minimum of 5 characters, including at least 1 number and at least 1 letter

WHICH ACCOUNT SHOULD WE CHARGE?

I want to use my Bank Account

Checking Savings

Routing # _____

Acct # _____

I want to use my Credit Card

(Visa, MC, Amex or Discover accepted)

Acct # _____

Exp. Date: _____ / _____

St. Peter the Apostle Church

Write the \$ amount you'd like to give monthly.

Regular Collections

(charged monthly on the date(s) of our choice.)

On the 5th the 20th

Write the \$ amount you'd like to give for the following second collections.

Special donations

Christmas donation \$___ 5th \$___ 20th

Easter donation \$___ 5th \$___ 20th

Gifts for Every Month

Church Improvement Fund
\$___ 5th \$___ 20th

Specific Month Donations

Solemnity of Mary (Jan) \$___ 5th \$___ 20th

Ash Wednesday (Feb) \$___ 5th \$___ 20th

Easter Flowers (Apr) \$___ 5th \$___ 20th

St. Vincent de Paul (Apr) \$___ 5th \$___ 20th

Ascension (May) \$___ 5th \$___ 20th

Assumption (Aug) \$___ 5th \$___ 20th

All Saints (Nov) \$___ 5th \$___ 20th

Immaculate Conception (Dec)
\$___ 5th \$___ 20th

Christmas Flowers (Dec) \$___ 5th \$___ 20th

Questions? Contact ParishPay.

1-866-PARISH1 (727-4741)

or go to
parishpay.com

