

Saint Rose of Lima Parish
Registration for Electronic Giving

Credit Card or Debit Card

(American Express, Diners Club, Discover, JCB, MasterCard, Visa)

Name (as it appears on card): _____

Card Number: _____

Expiration Date: _____ (MM/YY) Security Code: _____

Checking Account Withdrawal

Name of Bank: _____

Name on Account: _____

Account Number: _____

Bank Routing Number: _____

Subscription Interval

Frequency: Weekly Monthly Annually

Amount: \$ _____

Start Date: _____

End Date: _____ (if applicable)

Customer Billing Information

First Name: _____

Last Name: _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____

Please return completed form to Saint Rose of Lima Parish Office.