ENROLLMENT FORM

Parish of St. Elizabeth
350 Reedsdale Road
Milton, MA 02186
617-696-6688

I/we will make the following contribution in support of St. Elizabeth during the upcoming calendar year. I understand that I may adjust my offering during the course of the year, if necessary, by contacting the parish office.

Step 1 – Donor Information *(Print or Type Clearly)*

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

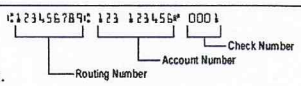
Step 2 – Donation Method *(Please check one)*

☐ **I would like to donate from my Check or Savings Account** *(Please attach a voided check)*

Account Type (*Please check one*) ☐ Checking ☐ Savings

Routing Number (9 digits)* _____

Account Number* _____



* The Routing Number and Account Number are located on the bottom of your check. See example to the right.

☐ **I would like to donate with a Credit Card**

Name on Credit Card _____

Credit Card Type (*Please check one*) ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number _____

Expiration Date: ____/____ Security Code*: _____

* VISA, MASTERCARD & DISCOVER CARD USERS: Flip your card over and look at the signature box. You should see a 16-digit number followed by a special 3-digit code. This 3-digit code is the credit card Security Code.

• AMERICAN EXPRESS CREDIT CARD USERS: Look for the 4-digit code printed on the front of your card just above and to the right of your main credit card number. This 4-digit code is the credit card Security Code.

Step 3 – Donation Frequency

☐ Monthly on the 1st

☐ Monthly on the 15th

Step 4 – Recurring Donation Amount

$ _____ **.00**

Step 5 – Signature

The Benefactor places a high value on the trust and confidence you as the Donor place in us and we consider your privacy our utmost concern. We do not disclose any nonpublic personal information about you to anyone, except as required by the law. We may disclose the information we collect to the financial institutions responsible for the withdrawal of funds from your account via Automated Clearing House (ACH). These companies will use the information only for the services for which we have specified, and are not permitted to use or share this information for any other purpose. AT NO TIME WILL WE RENT OR OTHERWISE MAKE AVAILABLE THE PUBLIC OR NONPUBBLIC INFORMATION FOR ANY PURPOSE EXCEPT AS DESCRIBED IN THIS NOTICE. If you decide at some point to discontinue the services or become an inactive donor, we will continue to adhere to the privacy policy and practices described in this notice.

I certify that I am authorized to initiate this agreement and that I have read and understand the policies stated above.

X Signature _____ Date _____

Reminder:

For Checking Account Debit: Please attach your voided check.

For Savings Account Debit: Please attach deposit slip.