

Holy Cross Parish

Pre-Authorized Offertory Payment Plan

If you are interested to apply for Pre-Authorization (Visa/Master Card to be charged on the 1st of each month from your account), please fill out this form. Return the completed form to the parish office or place it in the collection basket at Mass in a sealed envelope (for privacy).

Regular boxed Sunday Envelopes will be issued for parishioners, on request, for Second Collections throughout the year.

HOLY CROSS SCHOOL PARENTS & “FUTURE” SCHOOL PARENTS:

Even though you apply for Pre-Authorization, you still must have weekly Sunday envelopes. **WHY?** When you applied and were accepted into our School, stipulations were that you are a practicing Catholic and must attend a certain number of weeks throughout the year. Yes, Pre-Authorization means that you are contributing to Holy Cross, but does not necessarily mean you are actually in attendance. By dropping your empty Sunday envelopes (clearly marked “P/A”-pre-authorization) each Sunday into the collection basket, clearly indicates that you are and want to be part of our Parish Community.

Please provide me with Sunday Collection Envelopes: Yes No

Name and Address - please print clearly

Envelope No.: _____

Surname: _____ First Name(s): _____

Mailing Address: _____ Unit/Apt No.: _____

City/Town _____ Postal Code: _____

Telephone No.: _____ E-mail address: _____

(Please complete reverse side.)

Please select one

VISA

MASTERCARD

Name on Card _____

Card Number _____ Expiry Date ____ / ____

Contribution Table

To schedule your contributions in advance, please complete the following:

Sunday Offering:

Other

Weekly

\$25

\$20

\$10

\$5

52 weeks ÷ 12 months =

4.33

4.33

4.33

4.33

4.33

Charged Monthly*

\$108

\$87

\$43

\$22

* rounded to nearest dollar

Please check box

52 weeks ÷ 12 months = 4.33 (factor to use for calculating monthly amount)

Special Collections:

You may also wish to include your pre-authorization to the following special collections. These collections are charged annually.

New Year \$_____

Easter \$_____

Christmas \$_____

By signing this form I/we authorize Holy Cross Catholic Church to collect funds as instructed above and to charge the amounts specified to my/our credit card. This authorization may be cancelled at any time upon written notice by me/us. Delivery of this signed form constitutes authorization by me/us to collect funds starting as of the date indicated below:

Date: _____

Signature: _____

(if a joint account) Signature: _____

(Please complete reverse side.)