

St. Malachy Catholic Church

A Pennsylvania Charitable Trust

343 Forest Grove Road, Coraopolis, PA 15108

Information required to enroll in electronic giving

Name _____

For Office Use Only:
Routing Number _____
Account Number _____

Street Address _____

Envelope Number: _____

City _____ State _____ Zip Code _____

Date of First Donation ____/____/____

Regular Sunday Offering Frequencies (all transactions transferred same day or next business day)

- Every Sunday (Transferred next business day) \$ _____
- Semi Monthly (twice a month) 5th and 20th \$ _____
- Monthly on the 5th \$ _____

Holy Days of Obligation (Annual) (all transactions transferred on the 5th)

- | | | | | | |
|-------------------------|----------|--------------------------------|---------------------|----------|-----------------------|
| January 1 st | \$ _____ | Mary Mother of God (New Years) | Nov 1 st | \$ _____ | All Saints Day |
| May | \$ _____ | Ascension | December | \$ _____ | Immaculate Conception |
| August | \$ _____ | Assumption of Mary | December | \$ _____ | Christmas Day |

Annual Contributions (all transactions transferred on the 15th)

- | | | | | | |
|----------|----------|----------------|-----------|----------|--|
| February | \$ _____ | Ash Wednesday | April | \$ _____ | Easter Day |
| March | \$ _____ | Holy Thursday | September | \$ _____ | Festival Expenses |
| March | \$ _____ | Good Friday | November | \$ _____ | Thanksgiving - St. Vincent de Paul Society |
| April | \$ _____ | Easter Flowers | December | \$ _____ | Christmas Flowers |

Diocesan Regularly Occurring Second Collections (all transactions transferred on the 20th)

- | | | | | | |
|---------|----------|---|-----------|----------|----------------------------------|
| Monthly | \$ _____ | School Collection | September | \$ _____ | Bishop's Education Fund |
| January | \$ _____ | St. Anthony & DePaul School for hearing | October | \$ _____ | World Mission Sunday |
| March | \$ _____ | Catholic Campaign for Human Development | November | \$ _____ | Religious Retirement Fund |
| May | \$ _____ | Catholic Relief Services | December | \$ _____ | Christmas Charities for Children |
| June | \$ _____ | Peter's Pence | | | |

Preferred Method: Direct Debit from Checking Account

For Checking Account Deductions, please attach a voided check. All transactions transferred same day or next business day.

Alternate Method: Credit Card or Debit Card Payment

Card Expiration Date: _____ Name on Card _____ Visa

Credit Card Debit Card Card Number _____ Mastercard

Please ensure address above is the same address on file for the credit or debit card used.

I authorize St. Malachy Church and Vanco Services LLC to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Signature _____ Date _____

Phone Number _____ E-Mail _____

Questions? Contact Lisa at the Parish Office at 412-771-5483 or businessmanager@stmalachypgh.org