

# Holy Cross Electronic Giving

Name: \_\_\_\_\_

Envelope #: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Email: \_\_\_\_\_

## Option 1

### Checking Account Deduction Authorization:

Financial Institution Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

*\*\* Please attach a voided check \*\**

Frequency: Weekly (Friday)

Semi—Monthly (2nd & 4th Friday)

Monthly (1st Friday)

---

## Option 2



### CREDIT CARD AUTHORIZATION:

Credit Card Number (Visa/Mastercard/Discover only) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card charges are made around the 20th of each month

*I wish to enroll in the Holy Cross Electronic Giving Program. My contributions will be withdrawn directly from my bank account or credit card. I authorize my contributions to be withdrawn/charged until I provide written notification of any change.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date