

eOffering

_____ Yes, I want to participate in St. Patrick's eOffering program.

Name _____ Phone _____ Email _____

Debit my account \$ _____ on the _____ 5th _____ 20th _____ 5th & 20th of each month.

Name of Financial Institution _____

Checking Acct# _____ OR Savings Acct# _____

Please attach a Voided Check or Savings Account Deposit Ticket

Name on Account _____

This agreement can be terminated at any time by either party.

Signature _____ Date _____

Comment _____