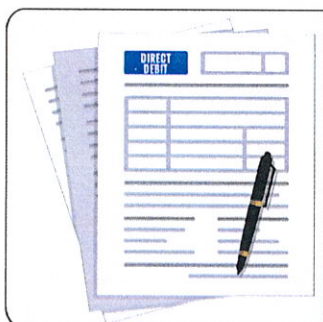


St Mary's Parish, Crookwell

Parish Priest: Fr Joshy Kurien (based in Goulburn)
Pastoral Associate: Sr Rosemary Hart rsj
Parish email: crookwell@cg.org.au Ph: (02) 4832 1633
Parish website: <http://cg.org.au/crookwell/Home.aspx>

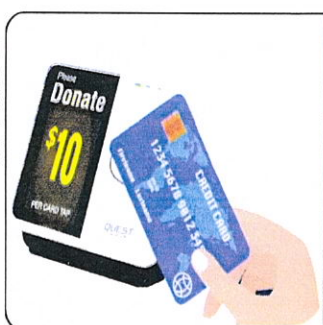
OPTION 1



Direct Debit & Credit Card Debit

- Fill out the direct debit forms for both parish and clergy. (available at our Church, Parish Office and Website)
- Choose your amount and frequency of payment
- Submit to the Parish Office or email your request

OPTION 2



Tap & Go

- Use your credit card
- Tap the machine
- One payment for parish & clergy

OPTION 3



Collection Point

- Place either cash or planned giving envelope in the collection point, either before Mass or at the time of the offertory

OR:

EFT: online internet banking.

BSB: 062 786

ACC: 000014901

Reference: pg number & surname

* (add 1 in front of your envelope No or ph office for a number)

BEQUESTS AND WILLS

Please consider the parish and the Archdiocese in your will. Your generosity will help with the mission and maintenance of our parish. Your gift will help educate priests, support retired clergy and support Archdiocesan initiatives in Education, Youth Ministry, Social Services, Health and Aged Care.

Contact the Parish Priest: joshy.kurien@cg.org.au (based in Goulburn)

Contact Jeanie Alberto for Archdiocesan gifts: jeanie.alberto@cg.org.au

Form: F020.2 Completed form **must** be returned to the parish. The form will then be forwarded to the CDF.

DIRECT DEBIT REQUEST



Catholic Development Fund

PARISH account: CROOKWELL PARISH.

Name in full: _____

We request and authorise the **Catholic Development Fund** (User Identification No 025230) to arrange for funds to be debited from our account held at the financial institution identified with the amounts and at the frequency specified below.

Financial Institution: _____

Address: _____

BSB:

--	--	--	--	--	--

Account No.:

--	--	--	--	--	--	--	--	--	--

Account Name: _____

Amount: \$

Frequency:
(Please tick)

Weekly:

Fortnightly:

Monthly:

Other:

Q	HY	Y

Commencement Date:

Please note that the **CDF** will endeavour to debit your account on the nominated date. However, if this occurs on a public holiday, it might not be possible and the debit will occur on the next working day. *It is your responsibility to ensure that sufficient funds are in the account to cover the amount to be debited.*

Signature/s _____ **Date** _____

Signature/s _____ **Date** _____

(By signing this request, I/we acknowledge having read and accepted the terms and conditions on the attached *Service Agreement*.)

Parish Use:	Envelope No.:	
CDF Use:	CDF Authority No.:	