

**HOLY CROSS PARISH  
HENDERSON**

**DIRECT CREDIT DETAILS FOR PLANNED GIVING**

Name of Parishioner: Mr/Mrs/Miss/Ms (Please Circle One)

Current Address:

Telephone Number:

Frequency of Contribution: Weekly /Fortnightly /Monthly /Quarterly / Yearly (Please Circle One)

Allocation to 1<sup>st</sup> Collection: \$

Allocation to 2<sup>nd</sup> Collection: \$

Signed:

Date:

Office Use:

Ref. No:

Date direct credit started: