

Authorization Agreement for Automatic Contributions to Sacred Heart Church

Check One: New Change Discontinue ACH

Name: _____

Address: _____

Telephone Number: _____

Name of Bank: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____



DATE _____

PAY TO
THE ORDER

\$ _____

Account Number: _____

BANK OF BANKS
123 4TH AVENUE
ANY CITY, ANYWHERE 01010

****Please attached a voided deposit slip or voided check to this form. ****

NOTE:

010293002	27282793899	2304
Routing #	Account #	

I hereby authorize Sacred Heart Church to initiate debit entries in the amount of: _____ to my
 Checking, Savings account (select one) at the depository listed above:

I would like to select the following option for the withdrawal of my contribution. (please select one)

- Weekly Contributions on Fridays
- Monthly Contributions on the 5th of each month
- Semi-monthly Contributions on the 5th and 20th of each month

This authority is to remain in full force and effect until Sacred Heart Church has received written notification from me of its termination in such time and in such manner as to afford Sacred Heart Church a reasonable opportunity to act upon it.

Signature: _____ Date: _____