

SACRED HEARTS OF JESUS & MARY CATHOLIC CHURCH AUTOMATIC WITHDRAWAL (ACH) AUTHORIZATION FORM



I (we) _____ authorize Sacred Hearts of Jesus & Mary to initiate the following:
(Name)

- New Payment from Account Specific Below
- Change Indicated Below
- Discontinue Electronic Funds Transfer from Account Specified Below

ACCOUNT INFORMATION

Account Type: Checking OR Saving <i>(please circle one)</i>	
Name(s) on Acct: _____	
Bank Name: _____	
Bank City/State: _____	
Bank Routing Number: _____	
Account Number: _____	

Please Attach Your Voided Check

CONTRIBUTION INFORMATION

TOTAL DONATION Amount per Month: \$ _____		Payment Start Date: _____	
(NOTE: <u>Payments will be made on the 15th of the Month</u>)			
Fill in appropriate areas for your monthly donation: Breakdown should = the total listed above. If donations are not broken out, it will be assumed that the TOTAL is for the Parish Offertory.			
\$ _____ Sacred Hearts Parish Offertory	\$ _____ Building & Grounds Fund		
\$ _____ School Endowment Fund	\$ _____ Christian Formation Fund		
\$ _____ Church Tax	\$ _____ St. Vincent de Paul Fund		

I /we do wish to continue receiving bi-monthly envelopes? Yes ___ or No ___

I authorize Sacred Hearts of Jesus & Mary to initiate electronic entries from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate. I may revoke my authorization through use of this form or by contacting the Parish Center staff directly.

Authorized Account Signature: _____ Date: _____

Please attach your voided check and return to the Parish Office or Place in the Collection basket.