

Sacred Heart Church ACH Contribution Authorization Form

Type of authorization: _____ New authorization
(please check one) _____ Change banking information
_____ Change donation amount
_____ Change date in which donation occurs
_____ Cancel prior ACH authorization

Name: (please print) _____
Envelope Number _____

Frequency: Weekly
Monthly ____ 1st of month ____ 15th of month

Contribution Amount/Fund: General Offertory \$ _____
Building Fund \$ _____

Beginning Date of ACH change: _____

Name of your Bank: _____

Banks Routing Number: _____

(lower-left number on your check)

Account Number: _____

(number that follows the Routing Number)

I authorize Sacred Heart Church to process debit entries from my account. I understand that this authority will remain in effect until I terminate the authorization by completing another ACH Form.

Signature: _____ Date: _____

*** Please attach a voided check (NO DEPOSIT SLIPS) ***

Please return this form, and voided check, to Sacred Heart by mailing or dropping in next week's Sunday Collection.

God Bless you for all you do in His name!