

SACRED HEART PARISH

Authorization Agreement – for Electronic Funds Transfer

I (We) hereby authorize **Sacred Heart Parish** to initiate electronic debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository named below to debit and/or credit the same to such account.

PARISHIONER INFORMATION

(please print)

Name(s), Street Address, City, State, Zip Code

FINANCIAL INSTITUTION INFORMATION

(please print)

Name of Financial Institution	Type of Account:	Checking	Savings	
		(circle one)		
Street Address	Routing/Transit #	Account #		
City, State, Zip Code				

GIVING INFORMATION

(please print)

I would like to provide **regular contributions** of \$_____ on: _____ 1st of each month
Please begin this contribution on _____ 15th of each month
 _____ both 1st and 15th of each month

I would also like to provide a contribution to the **Building Maintenance Fund** of \$_____ on:
Please begin this contribution on _____ 1st of each month
 _____ 15th of each month
 _____ both 1st and 15th of each month

I also wish to support the **Student Grant Fund** in the amount of \$_____ on:
Please begin this contribution on _____ 1st of each month
 _____ 15th of each month
 _____ both 1st and 15th of each month

This authority is to remain in full force and effect until Sacred Heart Parish has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Sacred Heart Parish and the financial institution a reasonable opportunity to act on it.

PLEASE RETURN THIS AUTHORIZATION ALONG WITH A VOIDED CHECK TO SACRED HEART PARISH CENTER at 321 S. Sawyer St., Shawano, WI 54166.

Signature_____ **Signature**_____ **Date**_____