

ACH Authorization Agreement

I hereby authorize **Sacred Heart Church** (The Company) to initiate a monthly debit from my checking/savings account at the financial institution named below, and, if necessary, initiate adjustments for any transaction debited in error. This authorization is to remain in full force and effect until The Company has received written notice from me of its termination in such time and manner as to afford The Company and the Financial Institution reasonable opportunity to act on it.

If you wish to include Holy Days and/or special collections as part of your monthly debit, the attached worksheet is meant to help calculate that additional amount.

Financial Institution name: _____

Routing/Transit number: _____

Account number: _____

Checking Account Savings Account

Date of monthly debit: ____ 5th ____ 15th ____ 25th

Amount of Total Monthly Contribution: \$ _____

Authorized signature: _____

Date: _____

(please provide a copy of a voided check)