

Sacred Heart Parish

Online Giving Authorization Form

Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> New Payment from Account Specified Below <i>(Choose either bank or credit card. One account only, please.)</i> <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below. </div>	

Account Information <i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Account Type <input type="checkbox"/> Checking <i>(please attach voided check)</i> Type <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>	
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date	Authorization Effective Date

Contribution Schedule					
Fund Type <small>Stewardship or Parish Fund</small>	Payment Schedule	Amount	Payment Start Date	ACH Date <small>(Choose one date for withdrawal from your account))</small>	Down Payment <small>(if applicable)</small>
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15th	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15th	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15th	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15th	\$

I authorize the above-named church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$15 non-sufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____

Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.