

ACH for Sacred Heart Church
Electronic Funds Transfer Authorization

I (we) authorize Sacred Heart Church to debit entries to my (our) account indicated below and the Financial Institution named below to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Financial Institution; _____

Account Number; _____

Routing Number; _____

(Series of nine numbers at the bottom of your check)

Type of account: Checking; _____ Savings; _____

Name as it appears on the account; _____

Address; _____

City, State, Zip; _____

Work Phone; _____ Home Phone; _____

Email; _____

Signature and Date; _____

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

I would like to donate \$ _____ monthly to be withdrawn on the ____ (1st or 15th) of each month. Please select one of the dates.

I would like to donate \$ _____ twice per month (these withdrawals will occur on the 1st and the 15th).

Please staple a voided check to this form.

Please return this form in the offertory basket or to the Sacred Heart Church Attn: Brigid Hutson 2207 Wirt St. Omaha, NE 68110