



Authorization Agreement for Direct Payment

I (we) hereby authorize **Sacred Heart Catholic Church** (the "Company") to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the financial institution named below to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of all applicable state and federal laws and regulations.

Please check one: Weekly Monthly (3rd of each month) Bi-monthly (3rd and 17th of each month)

Amount: _____

Financial Institution Name: _____ Branch: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Routing Transit Number: _____ Account Number: _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of termination of this authorization in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Name(s): _____ Envelope # _____

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM and return to Laura Gillis in the Parish Office. You may do this through the school office, mail, email (laura-gillis@sacredheart-warsaw.org), in an envelope in the collection basket, or drop off at the Office.