

**AUTHORIZATION FOR ACH DEBIT
DIRECT PAYMENTS**

I hereby authorize SACRED HEART SCHOOL, hereinafter called SCHOOL, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for church contributions. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name

Account Number

Financial Institution Address

Account Type: ___ Checking
 ___ Savings

Financial Institution Routing Number



Please select one of the following payment options:

_____ I hereby authorize weekly payments in the amount of _____ to be debited from my account.

_____ I hereby authorize monthly payments in the amount of _____ to be debited from my account on the 1st day of each month.

Please note any specific way donation is to be distributed _____

This authorization is to remain in full force and effect until SACRED HEART SCHOOL has received written notification from me of its termination in such time and manner as to afford SACRED HEART SCHOOL and my FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I hereby acknowledge receipt of a copy of this agreement.

Name (please print)

Address

Social Security Number (last four digits only)

City/State/Zip

Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.

_____ Please **continue** sending monthly envelope packets.

_____ Please **discontinue** sending monthly envelope packets.