



# Sacred Heart Parish Automatic Electronic Giving

Please return original signed form to:  
Sacred Heart Parish  
222 E. Fremont St. Appleton WI 54915, Attn: Karen  
-or-  
Drop in the collection basket at Mass.

## Authorization Form

For Office Use Only	Envelope #	Date
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Effective date of authorization: \_\_\_\_\_

Select one:  New Authorization  Change Banking Information  
 Change Donation Amount  Discontinue Electronic Donation  
 Change Donation Date

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b>Date of First Donation:</b> ____/____/____ Please allow 5 to 10 days for processing of first transaction.	<b>Frequency of Donation:</b> (Select One) <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 30 <sup>th</sup>	<b>Funds &amp; Amounts:</b> <input type="checkbox"/> Tithes & Offerings \$ _____ <input type="checkbox"/> Building & Grounds \$ _____ <input type="checkbox"/> Holy Days _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <b>Total per donation \$ _____</b>
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Choose Checking / Savings Account	<b>Please debit my donation from my (check one):</b> <input type="checkbox"/> <b>Checking Account</b> (attach voided check below) <input type="checkbox"/> <b>Savings Account</b> (please contact your financial institution for routing number and account number)	<b>Enter Routing Number &amp; Account Number here:</b> <b>Routing Number:</b> _____ <small>Valid Routing # must start with 0, 1, 2 or 3</small> <b>Account Number:</b> _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">         ❦ 123456789 ❦ 0000987654321 ❦ 1001       </div> <small>9 Digit Routing Number    Your Account Number    Check Number</small> <small>Find your routing &amp; account number at the bottom of your check.</small>
	_____ <small>Your Bank or Credit Union Name</small>	

Attach Voided Check Here  
(Staple or Tape)

I authorize Sacred Heart Parish to process debit entries to my account as indicated above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_