

AUTHORIZATION FORM

ES13881

Sacred Heart Parish

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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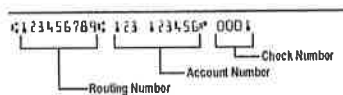
Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name	
Address		
City	State	Zip

Email Address _____

Please debit my donation from my: (check one) <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
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DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 15 th and 30 th <input type="checkbox"/> Monthly on the 15 th or 30 th DEBT REDUCTION WILL BE; <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> End of Month	FUNDS AND AMOUNTS: <input type="checkbox"/> Church Offertory \$ _____ <input type="checkbox"/> Social Justice \$ _____ <p style="text-align: right;">Total \$ _____</p> <input type="checkbox"/> Debt Reduction \$ _____
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ANNUAL CONTRIBUTIONS:

<input type="checkbox"/> Easter Offering	\$ _____	Transfer on April 1 st
<input type="checkbox"/> Christmas Offering	\$ _____	Transfer on December 15 th
<input type="checkbox"/> Flower Fund Easter	\$ _____	Transfer on April 1 st
<input type="checkbox"/> Flower Fund Christmas	\$ _____	Transfer on December 15 th

HOLY DAY COLLECTIONS: (ANNUAL)

<input type="checkbox"/> Assumption of Mary	\$ _____	Transfer on August 1 st
<input type="checkbox"/> All Saint's Day	\$ _____	Transfer on November 1 st
<input type="checkbox"/> Immaculate Conception	\$ _____	Transfer on December 1 st
<input type="checkbox"/> Mary Mother of God	\$ _____	Transfer on January 1 st
<input type="checkbox"/> Ascension	\$ _____	Transfer on May 1 st
<input type="checkbox"/> All Souls	\$ _____	Transfer on November 2 nd

NATIONAL COLLECTIONS: (ANNUAL)

- | | | |
|--|----------|---|
| <input type="checkbox"/> Mission Collection | \$ _____ | |
| <input type="checkbox"/> Catholic University | \$ _____ | Transfer on August 1st |
| <input type="checkbox"/> Propagation of the Faith/
World Missions | \$ _____ | Transfer on September 1 st
Transfer on October 1 st |
| <input type="checkbox"/> Campaign of Human Development | \$ _____ | |
| <input type="checkbox"/> Latin American Missions | \$ _____ | Transfer on November 1 st |
| <input type="checkbox"/> Black & Indian Missions | \$ _____ | Transfer on January 1 st |
| <input type="checkbox"/> Church in Eastern Europe | \$ _____ | Transfer on February 1 st |
| <input type="checkbox"/> Bishop's Overseas Appeal | \$ _____ | Transfer on March 1 st |
| <input type="checkbox"/> Holy Land | \$ _____ | Transfer on March 15 th |
| <input type="checkbox"/> Religious Retirement | \$ _____ | Transfer on April 15 th |
| <input type="checkbox"/> Catholic Home Missions | \$ _____ | Transfer on April 15 th |
| <input type="checkbox"/> Catholic Communications | \$ _____ | Transfer on April 30 th |
| <input type="checkbox"/> Holy Father/Peter | \$ _____ | Transfer on June 1 st |
| <input type="checkbox"/> Catholic Charities | \$ _____ | Transfer on June 15 th |
| <input type="checkbox"/> Rice Bowl | \$ _____ | Transfer on May 15 th and Dec 15 th
Transfer on March 30 th |

AGREEMENT

I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____