



AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Name(s) of donors: _____

I (we) hereby authorize Sacred Heart Catholic Church to initiate debit entries to my (our) checking or savings account indicated below for the amount of \$_____. Such funds will be transferred to Sacred Heart Catholic Church's Legacy Bank account to be applied to my (our) offering(s) as follows.

- | | | |
|---|--------|----------|
| <input type="checkbox"/> Regular Tithing Contribution | Amount | \$ _____ |
| <input type="checkbox"/> Sharing with Parish in Need | Amount | \$ _____ |
| <input type="checkbox"/> Future Church Renovation | Amount | \$ _____ |
| | Total | \$ _____ |

The date I (we) agree to is marked below.

- The 5th day of every month
 Every Monday

Your Bank Name: _____

Your Bank Branch: _____

City: _____ State: _____

Your Bank Routing Number: _____

Your Account Number: _____

This authorization is to remain in full force and effect until Sacred Heart Catholic Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Sacred Heart Catholic Church and Legacy Bank a reasonable opportunity to act on it.

Date: _____

Signed: _____

Signed: _____

Please attach a **voided** check to this agreement for validation.