



Sacred Heart of Jesus Catholic Church

"As each has received a gift, use it to serve one another as good stewards of God's varied grace."
— 1 Peter 4:10

Authorization Agreement for Monthly Automatic Payments

Name: _____
Last First MI

Address: _____
Street City State Zip

I (we) hereby authorize **SACRED HEART CATHOLIC CHURCH**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) _____ checking _____ savings account indicated below and the depository (Bank, etc.) named below, hereinafter called Depository, to credit and/or debit the same to such account.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit Routing Number: _____

Account Number: _____

Monthly Amount: \$ _____ Please circle choice: 15th or 30th

Please circle choice: **BERKEL INITIATIVE** or **TITHING**

This authority is to remain in full force and effect until **SACRED HEART CATHOLIC CHURCH, and Depository** has received written notification from me (or either of us) of it termination in such time and in such manner as to afford **SACRED HEART CATHOLIC CHURCH, and Depository** a reasonable opportunity to act on it.

Date: _____ Signed: _____

Attach deposit slip or voided check here.

Please return form to:

Julie Krause
Sacred Heart Parish Office
5501 Monticello Rd., Shawnee, KS 66226