

**Sacred Heart of Jesus Church**  
**Authorization for Direct Contributions**

I (we) hereby authorize Sacred Heart of Jesus Church, hereinafter called THE CHURCH, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \$\_\_\_\_\_, for direct deposit in the account of Sacred Heart of Jesus Church. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)	(Branch)
(Routing Number)	(Account Number)

Type of Acct: \_\_\_Checking \_\_\_ Savings

This authority is to remain in full force and effect until THE CHURCH has received written notification from me (or either of us) of its termination in such time and manner as to afford THE CHURCH and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) agree and promise to hold harmless and indemnify THE CHURCH, its' successors and/or assigns, from any and all financial loss, expense or damage relating to this authorization, or resulting from my (our) election to cancel same, and I (we) agree to reimburse THE CHURCH for any charged-back monetary expenses, losses or amounts that might result from that election.

Frequency	Offertory Collection Amount	Food Pantry Amount
Monthly (15 <sup>th</sup> of the month)		

Withdrawal will start on the next cycle unless a different start date is requested.

Requested Start Date: \_\_\_\_\_

Print Name	Signature
Date	Envelope Number

**\*\* PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM \*\***

**Please mail completed form to:** Sacred Heart of Jesus Church, PO Box 889, Cicero, IN 46034  
 or bring to Parish Office between the hours of 9-4 M-Th, 9-noon on Friday