

CHURCH OF SACRED HEART

405 S. Henrietta ~ P.O. Box 870 ~ Effingham, IL 62401
Phone 217-347-7177 ~ Fax 217-347-0728

Automatic Contribution Enrollment Form

I. Automatic Bank Debits

I wish to provide regular financial support to the many programs and ministries that benefit SACRED HEART members and the surrounding community. I hereby enroll in the Automatic Bank Debit Program and authorize SACRED HEART to debit my bank account as follows:

For the (Regular Church Support), (Extreme Makeover Capital Campaign),
Other – Please print _____
I wish to contribute \$ _____ via automatic charges to my bank account each:

Month (My bank account will be charged on the first business day of each month for the amount indicated.)

Week (My bank account will be charged on the first business day of each week for the amount indicated.)

Bank Name: _____ Checking Savings

Bank Routing Number _____

Account Number _____ (Please include a voided check with this form.)

II. Member Information (Please print all information)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ E-Mail _____

Date you wish to begin automatic contribution: _____

Signature: _____ Date: _____

Signature: _____ Date: _____