

SACRED HEART CHURCH
REGULAR SUNDAY COLLECTION
ELECTRONIC WITHDRAWAL

CHURCH MEMBER'S NAME _____ Social Security # _____

FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ NEBRASKA Zip _____

ACCOUNT NO. _____ TRANSIT/ABA # _____ CK or SA V

[] AUTHORIZATION

I hereby authorize Sacred Heart Church of Crete to initiate electronic withdrawals (debit entries) to my checking/savings account indicated above and the Financial Institution named above to debit the same to such account.

Electronic withdrawals (debit entries) in the following amount \$ _____ will be made to the account indicated above on

Every Wednesday []

Every other Wednesday []

Every fourth Wednesday []

If Wednesday falls on a holiday, the electronic withdrawal will be made on the next business day.

This authorization is to remain in force until Sacred Heart Church of Crete receives notice of cancellation from me (see below), The notice of cancellation must be received at least 30 days prior to cancellation and in such a manner as to afford Sacred Heart Church of Crete and the Financial Institution a reasonable opportunity to act on it and in no event shall it be effective with respect to withdrawals prior to the receipt of the notice of cancellation.

I further authorize Sacred Heart Church of Crete to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto and I authorized the Financial Institution to accept and to credit or debit the amount of such entries to by account,

All debits and entries initiated hereunder are to be governed in all respects by and must comply with the provisions of the U.S. Law.

PLEASE ATTACH A VOIDED CHECK

Signed _____ Date _____

CANCELLATION NOTICE

I hereby cancel the authorization for Sacred Heart Church of Crete to Originate electronic withdrawals to my banking account indicated above, effective on _____

(date)

Signed _____ Dated _____