## Authorization Agreement For Automated Clearing House Transactions (ACH Credits) Sacred Heart Church

ACH Author	ization						
Name:				Envelope # (if k	nown):		
initiate credit	t entries g S	and to initiate, if avings account (s	necessary, debit entreselect one) indicates the same to such acc	ies and adjustmented below and the de			
Bank Inform	nation						
DEPOSITOR NAME:	RY			Branch: (if applicable)			
City, State, Z	ZIP:						
Transit/ABA ("Routing #"				Account #:			
This authority is to remain in full force and effect until Sacred Heart Church Crete, NE 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 Church Crete, NE and DEPOSITORY a reasonable opportunity to act on it.  Name(s):							
Please print				SSN:	(last four	digits only )	-
Signature(s)				Date			-
I (we) wish for this transaction to take place starting on:					and to recur:		
once a month, every two weeks, other:							
CHECK ONE:  I am not currently particip  ADD – Credit the act  I am currently participatin  CHANGE – Change		he account shown.	ated Payment Prog	gram.			
	TAPE VOIDED CHECK HERE						