



**Sacred
Heart
Parish**

Electronic Giving / Auto Giving AUTHORIZATION FORM

for Sacred Heart Parish | Mt. Pleasant

FOR OFFICE USE ONLY Date _____ Envelope Number _____ New ___ -or- Change ___

Please complete each section and sign the form.

Name(s) _____

Address _____

City, State, ZIP _____

Phone _____

Email _____

Gift Designation

Frequency: ___ Weekly
___ Monthly on the 1st
___ Monthly on the 15th
___ Bi-weekly
___ Other: (indicate)

Start date: _____

Funds:

<u>Sacred Heart Church</u>	
Sunday Giving	\$ _____
Capital Projects	\$ _____
Debt Reduction	\$ _____
<u>Sacred Heart Academy</u>	
Tuition Assistance	\$ _____
General Operating	\$ _____
TOTAL AMOUNT	\$ _____

Are you willing to help cover the processing fees?
ACH 0.75 %
Credit card 2.9 %
___ Yes
___ No

Payment Method

___ Bank account/ ACH withdrawal ___ Savings *Routing Number _____

___ Checking *Account Number _____

***SEE SAMPLE ON REVERSE**

___ Credit card payment : Type of card (check) ___ Visa ___ MC ___ Discover ___ American Express

Name on card _____

Card # _____ Exp _____ Sec. code _____

Signature _____ **Date** _____

Joe Smith
1234 Anystreet Court
Anycity, AA 12345

1234

Pay to the order of _____

_____ Dollars

Bank Anywhere

|| 123456789 || 123456789123 || 1234

**Routing
Number**

**Account
Number**

**Check
Number**