Sacred Heart Parish

204 S. 5th St. Norfolk, NE 68701 (402) 371-2621

Authorization for Automatic Bank Payments

I hereby authorize Sacred Heart Parish to initiate debit entries to my account indicated below. This authority will remain in effect until **I notify you in writing** to cancel it or change the amount. I can also stop payment of any entry by notifying my financial institution 3 days before my account is charged.

_____

Name—Please print Signature, Date

Phone Number: _____

Bank Name: _____

Type of Account (Circle one): checking, savings, other *(please specify)* _____

Attach a voided check **or** fill out { Routing Number: _____ / Account Number: _____

Payment Frequency (Circle one)

Monthly on the 5th Monthly on the 30th Weekly each Friday

Month of First Payment _____

Payment Amount _____

___Check here if you want to stop receiving envelopes
Note: Your family ID# will change, but you will still receive parish mailings.

Purpose of Payment (Circle one)

Sunday Giving Fund for NC

If you are only changing the amount of your donation there is no need to attach a voided check.

If you have any questions, please contact Philip Zimmerman at 402-371-2621 or philipzimmerman@sacredheartnorfolk.com

Please return this form to:

Sacred Heart Parish
204 S. 5th St.
Norfolk, NE 68701
Attn: Philip Zimmerman