

**Sacred Heart And Saint John's Parish**  
**508 High St**  
**Chestertown, MD 21620-1361**  
**(410) 778-3160**

In *gratitude* to a loving and generous God for all his blessings, I/we wish to commit to an ongoing program of electronic giving to support the financial needs of the parish.

I/we wish to authorize Sacred Heart Church to debit entries to my (our) account indicated below with the financial institution named below. I/we acknowledge that the origination of ACH transactions to the account listed below must comply with the provisions of U.S. law.

My Regular Offertory Contributions will be made by recurring ACH payments of: \$ \_\_\_\_\_

To be initiated: (Weekly) (Monthly) (Quarterly)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City-State) (zip)

Account type \_\_\_\_\_ Checking \_\_\_\_\_ Savings

\_\_\_\_\_  
(Routing/Transit Number)

\_\_\_\_\_  
(Account Number)

This authority is to remain in full force and effect until Sacred Heart has received written notification from me (or either of us) of its termination in such time and manner as to afford Sacred Heart and my financial institution a reasonable opportunity to act on it. (Signature of all account holders required)

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Print Name Signature

Date: \_\_\_\_\_

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS AUTHORIZATION FORM

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