Sacred Heart: Catholic Church

Checking Account/Credit Card Electronic Giving

Name _

Address _

City, State, Zip ____ _______

Email Address ____ Envelope # ______

Effective date of authorization: ________

Type of Authorization: ___ New Authorization ___ Change banking Information ___ Change donation amount ___ Change Donation Date Discontinue Electronic Donation

Frequency of contribution

Dane-time

- Semi-monthly (1 st and 15th)
- Monthly on the 1 st
- Monthly on the 15th

Select a church fund/s & amount to donate

Adult Envelope $ __________ _

Holy Day Envelope $ __________ _

Other______ $ ______________________ _

Total $

Checking Account information: (Just attach a voided check to this form)

Credit Card Information:

Card type:

- Visa
- MasterCard
- Discover Card
- American Express

Date of first payment __ / __ / __

Card # ____Expiration Date ________________ _

Name on Card

Billing Address (if different from above): ____

I authorize Church of the Sacred Heart and Vanco Services to debit my bank account or charge my credit card in accordance with the information provided above. I understand that this authority will remain in effect until I provide written notification to terminate the authorization.

Signature on bank account / credit card Date