

Autoshare Giving

For Sacred Heart Catholic Church

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

I (we) hereby authorize Sacred Heart Catholic Church, Newton, Iowa, to initiate debit entries to my (our) bank account and debit my (our) account for the amount indicated below.

Name of financial Institution _____

City _____ State _____ ZIP _____

Financial institution routing number (on check or deposit slip): _____

Checking Savings Account number _____

Regular Church Contributions: 2018

Amount: \$ _____ WEEKLY Circle Day: M T W Th F

MONTHLY Date: _____ ANNUALLY OTHER: _____

Jan. 1: Mary, Mother of God Amount: \$ _____

Jan. 28: Catholic Messenger (\$29.00) Amount: \$ _____

April 1: Easter Amount: \$ _____

May 10: Ascension of the Lord Amount: \$ _____

Aug. 15: Assumption of Blessed Virgin Mary Amount: \$ _____

Sept. 2: Sacred Heart Religious Education Fund Amount: \$ _____

Sept. 30: Annual Diocesan Appeal Amount: \$ _____

Nov. 1: All Saints Day Amount: \$ _____

Nov. 4: Sacred Heart Parish Charities Amount: \$ _____

Dec. 8: Immaculate Conception of Virgin Mary Amount: \$ _____

Dec. 25: Christmas Amount: \$ _____

Diocesan Special Collections: 2017

Feb. 11: Diocesan Cathedral (Sacred Heart) Amount: \$ _____

Feb. 14: Church of Eastern Europe (Ash Wednesday) Amount: \$ _____

Mar. 11: Catholic Relief Services Amount: \$ _____

Mar. 30: Holy Land (Good Friday) Amount: \$ _____

Apr. 29: Catholic Home Missions Amount: \$ _____

May 6: Diocesan Volunteers to Latin America Amount: \$ _____

June 10: Catholic Communications Amount: \$ _____

June 24: Holy Father Collection (Peter's Pence) Amount: \$ _____

July 22: Diocesan Works of Charity Amount: \$ _____

Sept. 9: Catholic University of America Amount: \$ _____

Oct. 21: Propagation of the Faith Amount: \$ _____

Nov. 18: Campaign for Human Development Amount: \$ _____

Dec. 9: Support for Retired Religious Amount: \$ _____

This authority is to remain in full force and in effect until Sacred Heart Church and the financial institution have 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 and Financial Institution a reasonable opportunity to act on it.

NAME(S) _____ ENV. NUMBER: _____

DATE: _____ SIGNED _____

PLEASE ATTACH A VOIDED CHECK – Return form to Ann in the Parish Office
The Lord has blessed us all. Giving should be planned, intentional and proportionate.