

RETAIN FOR YOUR RECORDS

On _____ I authorized

Sacred Heart of Jesus Parish
2312 14th Street
Boulder, CO 80304
303-442-6158 x113

To initiate entries to my checking / savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Withdrawal date from my bank account will be the 15th of the billing month.

Withdrawal dates:

Jan 15th / Feb 15th / Mar 15th / Apr 15th / May 15th / June 15th

July 15th / Aug 15th / Sept 15th / Oct 15th / Nov 15th / Dec 15th

Authorization For Direct Payment Automatic Bill Payment

Company Name _____ (the "Company")
I (we) authorize the Company to initiate variable entries to my (our) account described below:

Checking Account No. _____ Savings Account No _____

Financial Institution's Name _____

Financial Institution's Address _____

Attach a voided check, savings deposit slip (below) or provide the financial institution's routing number _____ (found on the bottom left of you check or savings deposit slip). This authority is to remain in full force and effect until the manner as to afford the Company a reasonable opportunity to act on it.

Signature _____

(Optional – For Joint Account)

Full Name _____

Signature _____

Address _____

Full Name _____

Date _____

Date _____

Telephone No _____

Telephone No _____

Billing Account No. _____

For Company Use: Representative _____

Location _____