

{ **Sacred Heart Parish**
Immaculate Conception Parish
St. Rose of Lima Parish } Circle Your Parish

Electronic Financial Church Support

c/o 106 3rd Ave NE
PO Box 155
Freeport MN 56331
PH: 836-2143

If you are interested in transferring funds electronically for your parish offering, just fill out the form below and return it to the Freeport Tri-Parish office. We will set it up according to your wishes which will stay in effect until YOU change it. If you have any questions, call Judy at the tri-parish office at 320-836-2143.

Date _____

I (we) authorize the above Circled Parish to initiate debit entries for my FINANCIAL CHURCH SUPPORT from my (our)

Checking account/ Savings account (select one).

Dollar amount: \$ _____ monthly (15th of each month)

OR

Dollar amount: \$ _____ semi-monthly (1st & 15th of each month)

Financial Institutions name: _____

Branch: _____

City: _____

State: _____ Zip: _____

Routing number: _____

Account number: _____

This authorization is to remain in full force and effect until the above **Circled Parish** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the respective Church and Freeport State Bank a reasonable opportunity to act on it.

Name(s) _____
(please print clearly)

Signature: _____

*Please include a VOIDED check with this application.