

**Sacred Heart Parish**  
**Immaculate Conception Parish**  
**St. Rose of Lima Parish**  
**Electronic Financial Church Support**  
c/o 106 3rd Ave NE PO Box 155  
Freeport MN 56331  
PH: 836-2143

I am interested in transferring funds electronically for my parish offering. Please set it up according to the entries listed below.

Date \_\_\_\_\_

Your Parish Name \_\_\_\_\_

I (we) authorize the above **named 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 and 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 **named 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.

**Please return the signed form to the Sacred Heart Tri-Parish office, 106 3rd Ave NE PO Box 155, Freeport, MN 56331. If you have any questions, call Judy at the tri-parish office at 320-836-2143.**