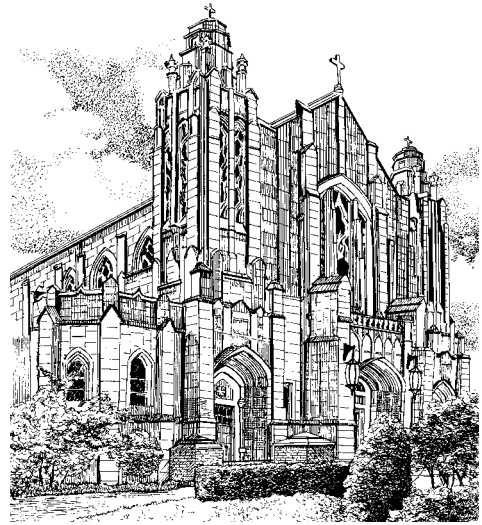


___ New ACH Enrollment Form

___ Changes to a Current ACH Form

Blessed Sacrament Parish



Authorization to
Obtain my **SCHOOL SUPPORT**
contribution from my bank account

I hereby authorize Blessed Sacrament Parish to obtain my contribution from my bank account using the following information:

Monthly Amount I wish to Contribute: \$ _____
(Withdrawals will be made on the 2nd of the month or the next business day if the 2nd falls on a weekend or a holiday.)

Effective date: _____

Complete this information and attach a voided check:

Name of Bank where you have your account: _____

Transit Routing Number of bank: _____
(This can be located at the left hand side of your checks and will be a 9-digit number)

Type of Account: ___ Checking ___ Savings

Account Number: _____

Name(s) on the account: _____

Parishioner & Account Holder Signature: _____

Date _____

Envelope Number _____

Contact the parish office at 528-7521 for further information.