

Sacred Heart Parish ~ Moline, Illinois 61265
EFT Transaction Application and Agreement

Last Name

First Name

Street Address

City, State, Zip

Home Phone

Payment Information - Please select the payment method below.

☐Checking

☐Savings

☐Mastercard

☐Visa

For Checking/Savings - please complete all fields in this section and provide a voided check.

Bank Name

Routing Number

Account Number

For Credit Card - please complete all fields in this section.

Credit Card Number

Exp. Date

Payment Plan - please indicate below the payment amount and payment frequency.

Payment Amount

Payment Frequency

☐Weekly (every Monday)

☐Monthly (IF MONTHLY PLEASE CIRCLE DATE OF MONTH)

5

10

25

Authorization

I hereby apply for Electronic Transfer (EFT). I authorize _____ to debit the account provided above. I agree to pay for any associated fees should my EFT payment be returned unpaid by my bank. I understand this agreement is for a period of 12 months and will automatically be renewed. I may terminate this agreement at any time by providing a 30 day written notice. Upon termination, I agree to be financially responsible for any outstanding balances. I have read and agreed to the above terms and conditions.

Signature

Date

Please be sure to attach a voided check and verify the credit card number.