

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

Last Name	<input type="text"/>
First Name	<input type="text"/>
Street Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Home Phone	<input type="text"/>

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	<input type="text"/>
Routing Number	<input type="text"/>
Account Number	<input type="text"/>

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

Credit Card Number	<input type="text"/>
Exp. Date	<input type="text"/>

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

Payment Amount	<input type="text"/>
Payment Frequency	<input type="checkbox"/> Weekly (every Monday) <input type="checkbox"/> 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	<input type="text"/>
Date	<input type="text"/>

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