SACRED HEART KNANAYA CATHOLIC FORANE CHURCH, TAMPA

3920 S Kings Ave, Brandon, FL, 33511
Email: tampaknanayamission@gmail.com
Website: www.shkcfctampa.com, Phone:813-588-9328

ACH Payment Authorization Form for Annual Contribution

I authorize Sacred Heart Knanaya Catholic Forane Church, Tampa to charge my bank account on the *5th* of each month as church contribution, beginning from _____

Name: _____

Address:

_____

CellPhone_____

E-mail_____

Account Type:	☐ Checking	☐ Savings
Name on Account	_____	
Bank Name	_____	
Bank Routing #	_____	
Account Number	_____	
$ Amount	_____	

SIGNATURE _____ DATE _____

_____

I understand that this authorization will remain in effect until I cancel it in writing and agree to notify SHKCFC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next payment date.

Office Use:

ID Number: _____