AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT TO SACRED HEART TRUST FUND

Name of account to be debited	And Annual Control of the Annual Control of	
to initiate debit entries in the ame	ount of	r's Sustentation Fund (known as the SH Trust Fund), per Month (min.\$5/mo.) to my (our) account to debit the same to such account on the 5th day of
Depository Name (your bank)		
Branch Number (if applicable) City Sta Transit/ABA No. (Routing No.)		
City Sta	te	Zip
Transit/ABA No. (Routing No.)		Acct. No
State Bank a reasonable opportuni This donation is to be in memory of		(if applicable)
		(ii applicable)
Signed	Date_	
Signed (if joint account)		Date
Mail this form to:	Or har	nd deliver to:

Muenster, TX 76252 940-759-4010

SH Trust Fund

Muenster, TX 76252

P.O. Box 97

THANK YOU!

Duane Knabe, C.P.A.

124 S. Mesquite St.