

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT TO
SACRED HEART TRUST FUND**

Name of account to be debited _____

I (we) hereby authorize, hereinafter called Teacher's Sustentation Fund (known as the SH Trust Fund), to initiate debit entries in the amount of _____ per _____ Month (min.\$5/mo.) to my (our) account indicated below and the depository named below, to debit the same to such account on the 5th day of each month (or next banking day if bank is closed).

Depository Name (your bank) _____
Branch Number (if applicable) _____
City _____ State _____ Zip _____
Transit/ABA No. (Routing No.) _____ Acct. No. _____

The Authority is to remain in effect until the Trust Fund has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Trust Fund and Muenster State Bank a reasonable opportunity to act on it.

This donation is to be in memory of _____
(if applicable)

Signed _____ Date _____

Signed (if joint account) _____ Date _____

Mail this form to:
SH Trust Fund
P.O. Box 97
Muenster, TX 76252

Or hand deliver to:
Duane Knabe, C.P.A.
124 S. Mesquite St.
Muenster, TX 76252
940-759-4010

THANK YOU!