

Funeral Rites - Planning Sheet

Direct PAYMENT via ACH

Consumer Authorization

Deceased: _____ Death: _____ Age: _____
Primary Survivor: _____ Phone: _____
Funeral Home: _____ Phone: _____

VIGIL FOR THE DECEASED

I authorize **Christ the King Church** 1501 W 26th St. Sioux Falls, SD 57105 to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below. I agree that ACH transactions I authorize comply with all applicable law.

Depository Name _____ Location _____ Time _____ Burial _____

President _____ Concelebrants _____

Routing Number _____ Account Number _____

Gift Bearers _____

Amount of debit(s) or method of determining amount of debit _____

Date(s) and/or frequency of debit(s): 5th of each month _____
20th of each month _____

Opening Song: # _____
Preparation: # _____
Communion: # _____

I understand that this authorization will remain in full force and effect until I notify Christ the King Church **in writing** that I wish to revoke this authorization. I understand that Christ the King Church requires at least **10 days** prior notice in order to cancel this authorization.

Name(s): (Please Print) _____

Date: _____ Signature(s): _____

Musicians: _____ Please attach a voided check
Choir: Yes _____ Date: _____
Organist: _____
Cantor: _____

Ministries:
Sunshine Committee: _____ How many? _____ Lunch: Before burial _____ After _____
Servers from CTK: Yes _____ No _____
Names: _____

Maintenance Notified: Yes _____

Sacristan Notified: Yes _____

Number Registered in Death Book: _____