

ST. FRANCIS XAVIER CATHOLIC CHURCH

AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT

I hereby authorize **St. Francis Xavier Catholic Church** to initiate electronic debit entries, and, if necessary, credit entries to reverse erroneous debit entries to my account(s) listed below. It is agreed that these withdrawals will be made in accordance with the Rules of the National Clearing House Association (NACHA).

			Stwrdship	Cap.Campgn
			(Please check)	
Checking Acct Amount	\$ _____	Acct # _____	_____	_____
Savings Acct Amount	\$ _____	Acct # _____	_____	_____
Credit Union Amount	\$ _____	Acct # _____	_____	_____

I/We choose to have my/our intentions deducted as follows: (Please check)

<u>Stewardship</u>	<u>Capital Campaign</u>
____ Weekly (every Friday)	____ Weekly (every Friday)
____ Monthly (every 15 th of the month)	____ Monthly (every 15 th of the month)
____ Monthly (every 30 th of the month)	____ Monthly (every 30 th of the month)
____ Quarterly (3/15, 6/15, 9/15, 12/15)	____ Quarterly (3/15, 6/15, 9/15, 12/15)
____ Annually (once a year- date) _____	____ Annually (once a year- date) _____

This authority shall remain in full effect until St. Francis Xavier Catholic Church has received written notification from me of its termination in such time and in such manner as to afford St. Francis Xavier and the bank(s) a reasonable opportunity to act upon the termination request.

*******IMPORTANT*******

A **VOIDED CHECK** must be attached for each checking account.
A **VOIDED DEPOSIT SLIP** must be attached for each savings account.

Name _____	Date _____
Signature _____	SS# _____
Envelope ID Number _____	Effective Date _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Please return this form to the Parish Office or in the collection basket.