

St. Francis Xavier Catholic Church

7319 Route M Jefferson City, MO 65101 Phone: 573-393-4401 Fax: 573-395-4302 www.sfxtaos.com

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

The undersigned hereby authorizes Saint Francis Xavier Church to initiate debit entries to the account indicated below and the depository named below, hereinafter called DEPOSITORY, in the amount of \$_ _____starting the_____ day of_____, 20____.

COMPLETE BOX OR ATTACH A VOIDED CHECK.

DEPOSITORY NAME			BRANCH	
TRANSIT/ABA NOACCOUNT NO				
TYPE OF ACCOUNT				
CIRCLE ONE:	Twice Month 1 st & 15 th	OR	Monthly on 5 th of Month	
Offertory Collection \$		_ Capita	Capital Improvement \$	
Samaritan Center	S			
This authority is to remain in full force and effect until Saint Francis Xavier Church and Depository have received written notification from the undersigned (or either of us) of its termination in such time and in such manner as to afford Saint Francis Xavier Church and Depository a reasonable opportunity to act on it.				
NAME Printe	d		Signed	
Printe	d		Signed	
DATE				
Please cancel the a	above authorization for autom	natic debits		
Cancellation Date:				
By:		_ By:_		

Account Holder Signature

Account Holder Signature