



St. Francis Xavier Catholic Church

7319 Route M

Jefferson City, MO 65101

Phone: 573-393-4401 Fax: 573-395-4302

www.sfxtaosmo.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 NO. _____	ACCOUNT NO. _____
TYPE OF ACCOUNT _____	

CIRCLE ONE: **Twice Month 1st & 15th** **OR** **Monthly on 5th of Month**

Offertory Collection \$ _____ Capital Improvement \$ _____

Samaritan Center \$ _____

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 _____
Printed

Signed

Printed

Signed

DATE _____

Please cancel the above authorization for automatic debits.

Cancellation Date: _____

By: _____
Account Holder Signature

By: _____
Account Holder Signature