



SAINT FRANCIS XAVIER CATHOLIC CHURCH

Automatic Payment of Contribution

Name

Phone Number

Address

City, State, Zip Code

E-Mail

Banking Information: **If available, please attach a voided check from account to be debited for your payment.**

Financial Institution: _____

Routing #: _____

Account #: _____

Contributions to General Fund:

Once a month (on the 5th)

Twice a month (on the 5th & 20th)

Contribution Amount: _____

Effective Beginning Month of: _____

I authorize St. Francis Xavier Catholic Church to deduct my contribution from the bank and account number shown above. I understand that the funds will be withdrawn as indicated and that it is my responsibility to ensure sufficient funds are in my account at that time.

This authority will remain in effect until I instruct St. Francis Xavier to cancel or change it. Further authorizations must be in writing and must be received by St. Francis Xavier 7 days prior to the day of change. I also understand that if my payment is returned for "In-Sufficient Funds", St. Francis Xavier will discontinue this service.

Signature

Date

Signature

Date

Please return completed form to the Parish Office & you will receive envelopes for 2nd collections.

Peace Be With You

Leah Benjamin

405-372-2608

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