

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).

			Stwrdrship	Legacy
			(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)

Stewardship

Legacy Fund

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

____ Weekly (every Friday)
____ Monthly (every 15th of the month)
____ Monthly (every 30th of the month)
____ Quarterly (3/15, 6/15, 9/15, 12/15)
____ 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.