



# 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 5<sup>th</sup>)

Twice a month (on the 5<sup>th</sup> & 20<sup>th</sup>)

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 I understand that the funds will be withdrawn as indicated and that it is my responsibility to ensure sufficient funds are in my account at that time.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 2<sup>nd</sup> collections.**

*Peace Be With You*

Leah Benjamin

405-372-2608

sfx@stillwater.org