St. Francis Xavier Church

7319 Route M
Jefferson City, MO 65101

Phone: 573.395.4401
Fax: 573.395.4302

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__.
If payment date falls on a weekend, take out on Monday _____ or Friday _____.

COMPLETE BOX OR ATTACH A VOIDED CHECK.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

TYPE OF ACCOUNT _____

Please circle one below:

Twice Month 1st & 15th

Monthly on the 5th of month

Offertory Collection amount $_____ Samaritan Center $_____

Capital Improvement $_____ School Lunch $_____

School Bus$_____ School After $_____

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:_____ By:_____
Account Holder Signature Account Holder Signature

"Join us each Sunday for the Radio Mass at 10:00 a.m. on KWOS (950 on the AM Dial)"