Automated Giving

For all Parishioners, St. Francis Xavier offers an alternative to writing a weekly or monthly check. Join our Automated Giving Program and have your financial offering transferred directly to the parish account.

Please review the information below and sign the form where indicated.

Return this form to the parish office: you may drop it in the collection basket, bring to the office, or mail.

We are required to maintain written authorization for all EFT and Credit Card Transactions.

Thank you for your assistance in this matter.

Address:	City, State, Zip:	
Phone:	Email:	
I hereby authorize the Church of S	St. Francis Xavier, Medina, Ohio, to init	iate debit entries to
my MasterCard, Visa or America	an Express, indicated below to debit t	he same such amount.
In installments of \$	to be deducted on the	of each Month
or Weekly on	(specify day of week)	
Additional amount of \$ _	for Easter and \$	for Christmas,
to be deducted on the first	t banking day after the holiday.	
Card #:	CVV Code	Expiration Date:
I haraby authorize the Parish of S	t. Francis Xavier, Medina, Ohio, to initi	ate debit entries to my
i fici cby authorize the railsh of 5		
_		•
Checking Account as wel	a trained havel, fround, only, to make all as the depository named below to de coided blank check to be attached to the check to be attac	bit the same such amount
Checking Account as well NOTE: Please include a v	ll as the depository named below to de	bit the same such amount
Checking Account as well NOTE: <i>Please include a v</i> Installments of \$	ll as the depository named below to de oided blank check to be attached to be to be deducted on the	bit the same such amount
Checking Account as well NOTE: Please include a value of \$ or Weekly on	al as the depository named below to described blank check to be attached to be at	bit the same such amount this form for our files. of each month
Checking Account as well NOTE: Please include a value of \$ or Weekly on Additional amount of \$	ll as the depository named below to de oided blank check to be attached to be to be deducted on the	bit the same such amount this form for our files. of each month for Christmas,
Checking Account as well NOTE: Please include a value of \$ or Weekly on Additional amount of \$ to be deducted on the bank.	as the depository named below to described blank check to be attached to be attac	bit the same such amount this form for our files. of each month for Christmas, adding.
Checking Account as well NOTE: Please include a value of \$ or Weekly on Additional amount of \$ to be deducted on the bank.	al as the depository named below to de coided blank check to be attached to be at	bit the same such amount this form for our files. of each month for Christmas, adding.
Checking Account as well NOTE: Please include a value of \$ or Weekly on Additional amount of \$ to be deducted on the ban Name of Depository:	as the depository named below to described blank check to be attached to be attac	bit the same such amount this form for our files. of each month for Christmas, holiday.
Checking Account as well NOTE: Please include a value of \$ or Weekly on Additional amount of \$ to be deducted on the ban Name of Depository: Banking Transit-ABA#: This authorization will be expression of the property of the plane of t	ll as the depository named below to de coided blank check to be attached to the to be deducted on the (specify day of week) for Easter and \$ king day prior to or the day after the h	bit the same such amount this form for our files. of each month for Christmas, holiday. will remain in full force at least five business day
Checking Account as well NOTE: Please include a value of \$ or Weekly on Additional amount of \$ to be deducted on the ban Name of Depository: Banking Transit-ABA#: This authorization will be expression of the property of the plane of t	ll as the depository named below to de coided blank check to be attached to to to be deducted on the (specify day of week) for Easter and \$ lking day prior to or the day after the had a great the below the day after the had a great the sective upon receipt of this form, and sective Church has received notification	bit the same such amount this form for our files. of each month for Christmas, holiday. will remain in full force at least five business day on date.

St. Francis Xavier, 606 E. Washington St., Medina, Ohio 44256 330-725-4968