

Agreement for Automated Giving

Revised January 2012

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

Return this form to the rectory 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.***

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email _____

I hereby authorize the Church of St. Francis Xavier, Medina, Ohio, to initiate debit entries to my **MasterCard, Visa or American Express**, indicated below to debit the same such amount.

In installments of \$ _____ to be deducted on the _____ of each Month
Additional amount of \$ _____ for Easter and \$ _____ for Christmas,
to be deducted on the first banking day after the holiday.

Card #: _____ Expiration Date: _____

I hereby authorize the Church of St. Francis Xavier, Medina, Ohio, to initiate debit entries to my **Checking Account** as well as the depository named below to debit the same such amount.

NOTE: Please include a voided blank check to be attached to this form for our files.

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 banking day prior to or the day after the holiday.

Name of Depository: _____

Banking Transit-ABA#: _____ Bank Account Number #: _____

This authorization will be effective upon receipt of this form, and will remain in full force until St. Francis Xavier Church has received notification at least five business days in advance of the desired termination date.

(Authorized signature)

(Print name)

(Date)

Your first deduction will be: _____ (date)

Church of St. Francis Xavier . 606 East Washington Street . Medina, Ohio 44256 330-725-4968