

ST. FRANCIS XAVIER PARISH
Electronic Offering Authorization Form

I (we) hereby authorize St. Francis Xavier Parish to initiate debit entries to my checking or savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until St. Francis Xavier Parish is notified by me (us) in writing to cancel it.

Name

Address

Phone Number

Name of Financial Institution

Address of Financial Institution (Branch, City, State & Zip)

Checking/Savings Account Number: _____
(Please circle one)

Financial Institution Routing Number: _____
(Look between these symbols |: :| on the bottom left of your check)

SCHOOL TUITION

SCHOOL TUITION

AMOUNT \$ _____

AMOUNT \$ _____

IN FULL SEPT. 16

10 EQUAL INSTALLMENTS ON THE
15TH OF EACH MONTH BEGINNING SEPT. 15