



**St. Francis Xavier Catholic Faith Community  
Automatic Withdrawal Authorization**

**Please print this form off, fill out, and return to the Parish Center  
4715 N. Central Ave., Phoenix, AZ 85012**

I (we) hereby authorize St. Francis Xavier Parish, hereinafter called St. Francis Xavier, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Sunrise Bank, to debit the same to such account.

Financial Institution Name \_\_\_\_\_

\_\_\_\_\_  
Routing Number                      Account Number      Type of Acct: \_\_\_ Checking \_\_\_ Savings

Please withdraw \$ \_\_\_\_\_ from the above stated account each **month** for my Sunday Offertory. Payment beginning date: \_\_\_\_\_

**(To arrive at a monthly amount please take the amount you decide to contribute weekly and multiply it by 4.3 to come up with a monthly amount that takes into account all the weeks of the year.) Deduction will be made on the last business day of each month and can be stopped at any time.**

This authority is to remain in full force and effect until St. Francis Xavier has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Francis Xavier and Sunrise Bank a reasonable opportunity to act on it.

Print Name: \_\_\_\_\_ Envelope #: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM!**



**St. Francis Xavier Catholic Faith Community  
Credit Card Authorization**

**Please print this form off, fill out, and return to the Parish Center  
4715 N. Central Ave., Phoenix, AZ 85012**

I authorize St. Francis Xavier Parish to charge my credit card for my Sunday Offertory contribution. Payments are processed once during the month.

**Credit Card Holder:** \_\_\_\_\_ **Envelope #:** \_\_\_\_\_

**Billing Address:**

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip

**Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Type of credit card:** \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER

**Please withdraw \$ \_\_\_\_\_ from the above stated credit card account  
each month for my Sunday Offertory.**

**Payment beginning:** \_\_\_/\_\_\_/\_\_\_

**Payment Ending:** \_\_\_/\_\_\_/\_\_\_

**(To arrive at a monthly amount please take the amount you decide to contribute weekly and multiply it by 4.3 to come up with a monthly amount that takes into account all the weeks of the year.)** Deduction will be made on the first business day of each month and can be stopped at any time.

This authority is to remain in full force and effect until St. Francis Xavier has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Francis Xavier reasonable opportunity to act on it.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Confidential form not to be copied or shared)*