

Effective Date: _____

ST. FRANCIS OF ASSISI CATHOLIC CHURCH
Authorization for Automatic Debit

I authorize you to debit my bank account on the **5th DAY OF EACH MONTH** for the amount shown below. Attached is a voided check for the account and bank I wish to have debited.

OR

I authorize you to debit my bank account on the **20th DAY OF EACH MONTH** for the amount shown below. Attached is a voided check for the account and bank I wish to have debited.

YOU MAY CHOOSE THE 5TH OR THE 20TH

The amounts shown below are monthly amounts.

Tithe	\$ _____
School Donation	\$ _____
Other	\$ _____
Total Monthly Amount	\$ _____

Name: _____
Address: _____

Signature: _____
Phone: _____ Date: _____

- Attach a voided check if deduction will come from a checking account. (Don't use deposit slip.)
- Attach a deposit slip if deduction will come from a savings account.