

Electronic Fund Transfer (EFT) Enrollment Form

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Company Name: **St. Francis Xavier Basilica**

I (We) hereby authorized **St. Francis Xavier Basilica** to initiate electronic debit entries to my account indicated below to fulfill my contribution to the parish budget. I am supplying my financial institution's (Depository's) name and my account below.

 Depository Bank

 City

 State/Zip Code

Pledged Sacrificial Giving amount to be deducted \$ _____ weekly on Monday.

This authorization is to remain in full force and effect until **ST. FRANCIS XAVIER BASILICA** has received written notification from me or either of us of its termination/modification in such time and in such manner as to afford **ST. FRANCIS XAVIER BASILICA** and **DEPOSITORY** a reasonable opportunity to act on it.

Print Name: _____

Signature: _____

Signature: _____ Date: _____

***** A VOIDED CHECK MUST BE ATTACHED TO THIS ENROLLMENT FORM*****