

CGS# _____

FAITH FORMATION TUITION PAYMENT PLAN 2017-18
ST. FRANCIS XAVIER CATHOLIC FAITH COMMUNITY
AUTOMATIC WITHDRAWAL AUTHORIZATION
FOR A CHECKING/SAVINGS ACCOUNT

Please fill out this form and return it to the office
4715 N. Central Ave. Phoenix, AZ 85012

Tuition is to be applied to the following programs: Please mark the number of people enrolled in the CGS program.

_____ Number of participants in Catechesis of the Good Shepherd (\$125 per child)

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, to debit the same to such account.

Financial Institution Name _____

_____ Type of Account: __ Checking __ Savings
Routing Number Account Number

Please withdraw \$_____ from the above stated account each month for my Religious Education Tuition.

I would also like to contribute to the St. Francis Xavier Scholarship Fund for Religious Education. Any amount you could give is greatly appreciated!

One Time Contribution of \$_____

or

Monthly Contribution of \$_____

Payment beginning date: _____ Payment ending date _____

Deductions will be made on the 1st day of each month.

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 a reasonable opportunity to act on it.

Print Name: _____ Envelope#: _____

Address _____

City/State/Zip _____

Signature _____

Date _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM