

CGS# _____

FAITH FORMATION TUITION PAYMENT PLAN 2017-18
ST. FRANCIS XAVIER CATHOLIC FAITH COMMUNITY
AUTOMATIC WITHDRAWAL AUTHORIZATION FOR CREDIT/DEBIT CARDS

Please fill out this form
4715 N. Central Ave. Phoenix, AZ 85012

Tuition is to be applied to the following programs: Please mark the number of children 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 charge my credit card for my CGS Tuition Payment Plan. Payments are processed once per month.

Credit Card Holder: _____ Envelope #: _____

Billing Address: _____

Street Address

_____ City/State/Zip

Credit Card #: _____ Expiration Date: _____

Type of Credit Card: _____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

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

I would 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: _____

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#: _____

Signature

Date

(Confidential form not to be copied or shared)