

**St. Francis of Assisi Parish  
Sunday Offering Direct Debit Agreement**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

My Bank of Financial Institution \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Donation Amount \_\_\_\_\_ Start Date \_\_\_\_\_

**I authorize St. Francis of Assisi Parish to instruct my Bank to make direct debits to my account for the purpose of Sunday Offerings to the Parish. Debits will be made once each month, on the first business day following the first Sunday of each month, until further notice. I understand that I may discontinue this authorization at any time by giving written notice to the Business Manager of St. Francis Parish not less than fifteen days prior to a scheduled direct debit date. This information will be used solely for the purpose of direct debiting of Sunday Offerings.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Start Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

**(You do not need to attach a voided check if you are  
just changing the monthly donation amount)**