



The School Sisters of St. Francis
"Panhandle Franciscans"
Changing the World One Soul at a Time

I believe in your mission and would like to help!

Direct Debit Authorization

Effective Date: ____ / ____ / ____

Please debit my account \$ _____ on the ____ of each mo.

***Enclosed is my cancelled check for the debit/ACH authorization.**

By signing this agreement, I authorize the School Sisters of St. Francis to initiate debit entries to the account indicated above for the purpose of donating to their operating expenses.

This authorization will remain in effect until the School Sisters have received written notification to terminate such withdrawals.

Signature _____ Date _____

Please return this form to:

The School Sisters of St. Francis
P.O. Box 906
Panhandle, TX 79068
www.panhandlefranciscans.org

May God reward you for your generosity!

