

# Direct Payment (ACH Debit) Plan

St. Paul's Lutheran Church has a direct payment service available to you. You can have your offerings automatically deducted from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

## Direct Payment will help you and St. Paul's in several ways:

- It saves time – fewer checks to write
- It is easy to sign up for, easy to cancel and **is totally free** to you and St. Paul's
- It helps meet your offerings in a convenient and timely manner – even if you are on vacation or out of town
- It helps St. Paul's in managing its financial resources

## Here's how Direct Payment works:

You authorize regularly scheduled payments to be made from your checking or savings account. Your offerings will be made automatically on the specified day. Proof of payment will appear on your bank statement. The authority you give to charge your account will remain until you notify St. Paul's in writing to terminate or modify the authorization. Using Direct Payment is dependable, flexible, convenient and easy. To take advantage of this service, complete the form below, **along with a voided check**, and return it John Uecker or a Pastor, or mail to the St. Paul's Church Office. Any questions please contact John Uecker at 920-973-7354 or by email: ueckej08@yahoo.com

## Authorization for Direct Payment Offerings

Your Name:

Please check one of the following:

New Direct Payment

Change Contribution Amount/Date

Change Financial Institution

Cancel Direct Payment

*5<sup>th</sup> of the Month* \_\_\_\_\_

*20<sup>th</sup> of the Month* \_\_\_\_\_

General Offering Amount: \_\_\_\_\_

Capital Improvement Amount: \_\_\_\_\_

Building Fund Amount: \_\_\_\_\_

Start/End date of Direct Payment: \_\_\_\_\_

I authorize St. Paul's Lutheran Church and the financial institution named below to initiate withdrawals from my account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of your financial institution)

\_\_\_\_\_  
(City, State, Zip Code of your financial institution)

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Account Number)

Checking  Savings

\_\_\_\_\_  
(Financial Institution Routing Number)