

***DIRECT PAYMENT
PROGRAM***

FOR SACRIFICIAL GIVING

ST. JOSEPH PARISH

**5996 COUNTY RD. K
NEW FRANKEN, WI 54229**

**PHONE: 920 863-6113
PHONE/FAX: 920 845-5180**

We are pleased to offer you a new service – the **Direct Payment Plan**. Now you can have your sacrificial giving 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.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write
- Helps meet your commitment in a convenient and timely manner even if you're on vacation or out of town
- It saves postage
- It's easy to sign up for, easy to cancel
- Safe, simple and automatic
- Consistent dependable income for the parish

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If you would like to change the amount of your payment, you simply need to complete a new authorization form and notify us at least **10 days** before the payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

RETAIN FOR YOUR RECORDS

On _____ I authorized, **St. Joseph Parish, 5996 County Rd. K New Franken, WI 54229**, to initiate entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the Parish at any time by writing to the address listed above.

1st of every month _____

Payment Amount: \$ _____

Member Number _____

Date _____

AUTHORIZATION FOR DIRECT PAYMENT

I authorize **St. Joseph Parish** and the financial institution named below to initiate electronic debit entries to my checking/savings account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. 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.

Parish Member's Name (Please Print)

Parish Member's Address (Please Print)

Financial Institution Name (Please Print)

Financial Institution City and State (Please Print)

Account Number at Financial Institution

Checking _____ Savings _____

Financial Institution Routing/Transit Number (ABA)

1st of every month - Amount \$ _____ **Start Date** _____

Signature

**PLEASE RETURN THIS AUTHORIZATION SECTION
ALONG WITH A VOIDED CHECK TO
ST. JOSEPH PARISH.**

You can return the authorization agreement by mailing, dropping off at the parish office or depositing it in the collection basket at Mass.