

St. John the Apostle Church

7601 Vine Street • Lincoln, Nebraska 68505 • (402) 489-1946

PLEASE CONSIDER USING DIRECT PAYMENT FOR YOUR CONTRIBUTIONS



We are pleased to offer you a new option for making your donation - the Direct Payment Plan. Now you can have your donation deducted automatically 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.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled donations to be deducted from your checking or savings account. Then, just sit back and relax. Your donations will be made automatically on the specified day. And your donation will appear on your checking or savings account statement. The authority you give to debit your account will remain in effect until you notify us in writing to terminate the authorization. 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.

All you need to do is:

- 1. Mark the box before type of account to indicate whether your donation will be deducted from your checking or savings account.
- 2. Fill in your name, financial institution name and location, and date.
- 3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

Please	fill in one of the following:	NOTE: Be sure to sign the form!
		be deducted on the 1st of each month.
I reque	est my church donation \$	be deducted on the 15 th of each month.
I request my church donation \$		be deducted on both the 1st & 15th of each month.
AUTHO	PRIZATION FOR DIRECT PAYMENT	A
I authorize (insert company name)		
I acknow authority	vledge that the origination of ACH transact will remain in effect until I have cancelled	ctions to my account must comply with the provisions of U.S. law. This d it in writing.
e Voided Check Here	Date	
	Financial Institution Name (Please Print)	
	Financial Institution Routing/Transit Num	nber
	Financial Institution City and State	

Signature