**ST. ANN CATHOLIC CHURCH**
**646 CLINTON AVENUE**
**HAMILTON, OH 45015**
**513.863.4963**

**DIRECT PAYMENT**

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 time manner – even if you're on vacation or out of town.
- It's easy to sign up for, easy to cancel.
- It saves postage.

*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 authorization form below and return it to us.

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize St. Ann Catholic Church to initiate electronic debit entries to my:

**_____Checking Account** **_____Savings Account**

for my donation.

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 have cancelled it in writing.

DATE_____ YOUR NAME_____

FINANCIAL INSTITUTION NAME (Please Print)_____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION_____

FINANCIAL INSTITUTION ROUTING/TRANSIT NUMBER_____

FINANCIAL INSTITUTION CITY AND STATE_____

SIGNATURE_____

Please indicate the amount you want deducted: $_____

On a per month basis, please indicate how often you would like your church offering (the above amount) withdrawn from your account: *Circle one.*

**Weekly** **Bi-Weekly** (*every 2 weeks*) **Monthly**

Please indicate on which day you would like your church offering withdrawn: *Circle one.*

**Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Begin my church offering deduction on this date:_____

**PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS.**

**BE SURE TO STAPLE VOIDED CHECK.**

PDF Creator - PDF4Free v2.0 http://www.pdf4free.com