

Direct Payment Authorization Form 2020

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

- It saves time – fewer checks to write and mail.
- 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 payments to be made from your checking account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on both your bill as well as the statement you receive from your financial institution.

The authority you give to charge 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.

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your checking account 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.

I authorize **United Community Bank** to initiate electronic debit entries to my:

_____ checking account _____ savings account

For **Automatic withdrawal of my contribution to St. Leo's Church**

On the _____ 5th or _____ 20th of each month

Please select the fund you'd like your donation to go towards

- _____ Adult Collections
_____ Spare a Dime
_____ Catholic Education
_____ Other (Write in)

I acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

*****If you're attaching a voided check you do not need to write out banking information***

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

Account Number _____

Routing Number _____

Financial Institution City and State _____

Amount to have withdrawn _____

Name _____

Signature _____

