Prince of Peace Parish Corporation
Direct Payment Form-Faith Giving

Thank you for choosing the Direct Payment method. Your contributions will be 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 change.

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 contribution will be made automatically on the specified day. And proof of payment will appear with your 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 contribution you must 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 the form to Prince of Peace Parish, 3425 Willow Rd., Green Bay, WI 54311.

All you need to do is:

1. Mark the box before the type of account to indicate whether your payment 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.
4. Choose the date (or dates) you would like to contribute and the amount of your contribution(s). For your convenience, you will be able to make your monthly contribution on the 5th or the 20th or in two payments, taken out on the 5th and 20th of each month.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize **Prince of Peace Parish Corporation** to initiate electronic debit entries to my:

❑ checking account ❑ savings account

for my church contribution. I agree to contribute the amount listed below on the date(s) I have selected. 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.

❑ 5th of the Month $_____ ❑ 20th of the Month $_____

❑ 5th and 20th of Month $_____ (each day)

Staple Voided Check Here

_____ _____
Date Name (Please Print)

_____
Financial Institution Name (Please Print)

_____
Financial Institution City and State

_____
Account Number at Financial Institution

_____
Financial Institution Routing/Transit Number (ABA)

_____
Signature of Authorized Signer

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS
RETURN TO THE PARISH OFFICE