

Automatic Pledge Payment Plan

An Option....For Your Consideration

Many prefer to place their offerings directly in the offering plate for many reasons. The automatic withdrawal is simply an option if it would be helpful.

Here's how the Automatic Pledge Payment Plan works: You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically according to the plan you choose. Your payment will be recorded in your contribution report from the church and proof of payment will appear with your bank statement.

The authority you give will remain in effect until you notify the church in writing, to terminate the authorization. You may change the amount of your payments at any time by contacting the Finance Office 402-463-1671.

The Automatic Pledge Payment Plan will help you in several ways:

- You choose the schedule that best fits your finances;
- Allows you to financially support your church, even when you are on vacation, out of town, or ill;
- And, it is completely confidential!

The Automatic Pledge Payment Plan is dependable, flexible, convenient and easy.

To take advantage of this service, take these steps:

- Calculate your monetary pledge to the church's ministries
- Decide if you want to give bi-monthly, monthly or quarterly and calculate the amount you want to contribute during that period.
- Fill out the bottom portion and the back of this form; make a copy for your records, and return to the Church Office or the Finance Office.

Payment Plan (check one): Effective date: _____

- Bimonthly on the 1st and 15th**
- Monthly on the 1st** **Monthly on the 15th**
- Quarterly on January 1, April 1, July 1 and October 1**

Pledge Information

Amount to be paid from your account each period: \$ _____

Total yearly pledge: \$ _____

Name _____

Address _____

Email _____ Phone Number _____

(over)

DEBIT AUTHORIZATION

I (we) hereby authorize First St. Paul's Ev. Lutheran Church, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter call FINANCIAL INSTITUTION, to debit the same to such account for _____.

I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Financial Institution Name

Branch

Address

City/State

Zip

Routing Number

Account Number

Type of Account: ____ Checking ____ Savings

This authority is to remain in full force and effect until FIRST ST. PAUL'S EV. LUTHERAN CHURCH has received written notification from me (or either of us) of its termination in such time and manner as to afford FIRST ST. PAUL'S EV. LUTHERAN CHURCH and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name

Signature

N/A

Leave Blank: For Bank Use

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM