

ST. PAUL'S LUTHERAN AUTO-PAY APPLICATION FORM

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

WITHDRAWAL AMOUNT

GENERAL FUND: 3rd of the month \$ _____ 17th of the month \$ _____

CONNECT/BUILDING FUND: 17th of the month \$ _____ ENVELOPE #: _____

**A VOIDED CHECK MUST BE ATTACHED IN ORDER TO PROCESS THIS APPLICATION.
PLEASE PLACE IN AN ENVELOPE AND PUT IT IN THE OFFERING PLATE.**

AGREEMENT AND DISCLOSURE STATEMENT:

1) PAYMENT DATE:

The predetermined amount will be transferred from your checking/savings account on a predetermined date each month; if that date falls on a weekend or holiday, your account will be debited on the following business day. You are responsible for any fees charged by your bank that are associated with insufficient funds. In addition, you will be charged any fees St. Paul's is charged by the bank for the charge back.

Auto-pay may be cancelled if two payments are returned within a 12 month period.

2) TERMINATION

Automatic debit service will remain in effect unless the Financial Secretary receives written notice from you 30 days prior to the cancellation date.

3) ACCOUNT CHANGE

Please notify the Financial Secretary in writing of any account changes as soon as possible. Fill out a new application form, insert another voided check, put in an envelope, and either place in the offering plate, or mail the form to the church office with the attention to the Financial Secretary.

Application Date: _____

Authorized Signature: _____