

**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 \$ \_\_\_\_\_

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 it in the offering plate, or mail the form to the church office with the attention of the Financial Secretary.

**Application Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_