

Direct Offering

We are pleased to offer you a secure offertory 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.

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.
- No lost or misplaced statements, your payment is always on time-it helps maintain good credit.
- It saves postage.
- It's easy to sign up for, easy to cancel.
- No late charges.



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 payments will be made automatically on the specified day. And proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The amount of your payment never changes, unless you request it. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, follow the steps listed below

All you need to do is:

1. List the amount you wish to Donate.
2. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, date of request, financial institution name and location, account number and bank routing transit number .
3. Attach a voided Check or Deposit Slip for verification of all financial institution information.
4. Drop off at the Rectory office or Mail to:

**Parish of the Precious Blood
Attention: Bookkeeper
P.O. Box 625
Caribou, Maine 04736**

AUTHORIZATION / CHANGE FOR DIRECT PAYMENT

I authorize **PARISH OF THE PRECIOUS BLOOD** to initiate electronic debit entries in the amount of \$ _____ every 1st and 16th of the month from the following account: checking account or savings account for payment of my sacrificial giving. 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 change or cancel it in writing.

I request **PARISH OF THE PRECIOUS BLOOD** to make the follow changes to my current electronic debit entries:

- stop payment as of _____ change offering amount to \$ _____
 Restart payments as of _____ charge to another account (**See account information below**)

Name of Person who is the owner of this account: _____

Date: _____

Financial Institution Name (Please Print) _____

Financial Institution City and State _____

Account Number at Financial Institution _____

Financial Institution Routing Transit Number _____

Signature of Account Holder: _____

NOTE: Be sure to sign the form before returning it to us !

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Staple Voided Check Here