



Have your contribution to St. John's processed automatically!

- ✓ With the Automatic Payment Plan, your contributions can be made without writing a check. No need to change your present banking relationship.
- ✓ You authorize monthly payments from your account. Your financial institution transfers the pre-determined amount from either your checking or savings account to St. John's account.
- ✓ We withdraw your contribution from your bank account on the 5th, the 20th or both the 5th and 20th of each month. If either of these days of the month falls on a weekend or a bank holiday, your contribution is processed on the next business day.
- ✓ The Automatic Payment Plan saves both you and the parish time and money because you write fewer checks and you have the peace of mind knowing your payment was made on time. Your monthly bank statement (or your on-line balance) will show proof of your payment.
- ✓ You can authorize the Automatic Payment Plan quickly and easily. Simply fill out the bottom of this form and mail it to the parish office, drop it at the office or in the collection basket at mass.

How Do I Figure My Automatic Contribution?

Formula: \$ _____ X 52 weeks = \$ _____ divided by 12 months = \$ _____ per month

OPTION #1: Please transfer my gift of \$ _____ **twice** a month on the 5th and 20th.

OPTION #2: Please transfer my gift of \$ _____ **once** a month on the 5th **OR** 20th

AUTHORIZATION FOR AUTOMATIC PAYMENT PLAN

I authorize **St. John the Baptist Catholic Church** and the bank named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify St. Johns in writing to cancel the automatic payment. Please allow 10-15 business days for processing a change or cancellation. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my bank statement or 60 days after posting, whichever occurs first.

NAME OF MY FINANCIAL INSTITUTION: _____

ADDRESS OF MY FINANCIAL INSTITUTION: _____
Street Address City State Zip

MY ACCOUNT NUMBER: _____ is a () **Checking** / () **Savings** account.
(**Please attach a voided check**) () **Change of Account Number** () **Change in Routing Number**

NAME ON ACCOUNT: _____ CHURCH ENVELOPE NUMBER: _____

ADDRESS ON ACCOUNT: _____
Street Address City State Zip

PHONE NUMBER: () _____ EMAIL ADDRESS: _____

SIGNATURE: _____