

St. John the Evangelist Church  
6705 Old US Hwy 45  
Paducah, KY 42003

### Direct Payment Authorization

Name \_\_\_\_\_ Envelope No. \_\_\_\_\_  
Last First MI

Check Applicable Election:

\_\_\_\_ New participant – Complete and sign this form. **Attach a voided check** or a deposit slip if account does not use a check.

\_\_\_\_ Change of accounts and/or financial institution – Complete and sign this form. **Attach a voided check** for new checking account or a deposit slip for new account if account does not use a check.

\_\_\_\_ Change of payment period or amount.

\_\_\_\_ Cancel participation – Sign form.

Select Primary Account:

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Financial Institution \_\_\_\_\_ City & State \_\_\_\_\_

Dollar amount to be debited per payment period \$ \_\_\_\_\_

Payment Period:

\_\_\_\_ Weekly (on Monday) Beginning Date \_\_\_\_/\_\_\_\_  
Month Day

\_\_\_\_ Monthly-First (First Monday of Month) Beginning Date \_\_\_\_/\_\_\_\_  
Month Day

\_\_\_\_ Monthly-Last-(Last Day of Month) Beginning Date \_\_\_\_/\_\_\_\_  
Month Day

\_\_\_\_ Bi-Weekly (Every 2 weeks on Monday) Beginning Date \_\_\_\_/\_\_\_\_  
Month Day

I hereby authorize St. John the Evangelist Church and the financial institution above to debit my account electronically each payment period. This authority will remain in effect until I have signed a new authorization or upon cancellation of participation. I (we) agree to fully comply with all aspects of U.S. law.

\_\_\_\_\_  
Signature Date

You must notify us in writing in order to properly change or cancel this authorization. You are entitled to receive a copy of this completed authorization.

Please mail completed form to address above. Thank you for your participation.