

All Saints Catholic Church
650 NE 52nd Avenue
Des Moines, Iowa 50313
515-265-5001
info@dmallsaints.org

Tithing Direct Payment Plan

All Saints has a Direct Payment service available for you. You can have your tithes 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.

Direct Payment will help you and the parish in several ways:

- It saves time—fewer checks to write means less bank fees charged to the parish.
- It helps meet your commitment in a convenient and timely manner—even if you are on vacation or out of town.
- It's easy to sign up, easy to cancel.

Here's how Direct Payment works:

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified day. Proof of payment will appear on your statement. The authority you give to charge your account will remain until you notify us in writing to terminate the authorization. Direct Payment is dependable, flexible, convenient and easy. To take advantage of this service, complete the form below, and return it to the Parish Office or place it in the collection basket.

All you need to do is:

1. Mark the box before the type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, the date and the amount you want deducted on the 3rd or the 18th of the month. You must choose only one.
3. Fill in your financial institution name and address.
4. **Attach a voided check** for verification of the financial institution information, and please fill in your account number and routing number below.

NOTE: Be sure to sign the form! Please allow five (5) days for processing.

Authorization for Direct Payment

I authorize All Saints Catholic Church to initiate electronic debit entries to my:

checking account

savings account

for payment of my tithes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law. This authority will remain in effect until I have cancelled it in writing.

Name _____ Date _____

Please deduct: \$ _____ on the **3rd** of each month.

or

\$ _____ on the **18th** of each month

beginning (date you wish Direct Payment to begin) _____.

Financial Institution Name (Please Print) _____

Financial Institution City and State _____

Financial Institution Routing Number _____

Account Number at Financial Institution _____

Signature _____

Please keep a copy of the authorization form for your records.