

National Avenue Christian Church



(Disciples of Christ)

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Direct Payment

We are pleased to offer you a new option for making your pledge/donation - the [Direct Payment Plan](#). Now you can have your pledge/donation 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.
- It saves postage.
- It's easy to sign up for, easy to cancel and very secure.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled donations to be deducted from your checking or savings account. Then, just sit back and relax. Your pledge/donations will be made automatically on the **15th of each month**.

And your pledge/donation will appear on your checking or savings account statement. The authority you give to debit your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

1. Mark the box below to indicate whether your pledge/donation will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize National Avenue Christian Church to initiate electronic debit entries to my:

checking account or savings account for my pledge/donation.

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 have cancelled it in writing.

Staple Voided Check Here

Name _____ Date _____ \$ _____/Mo

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS