

**EFT — Electronic Funds Transfer
DIRECT PAYMENT AUTHORIZATION FORM**

FOR ANNUAL PLEDGE

St. Sophia Greek Orthodox Church

We are pleased to offer you a new 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 pay your pledge in a convenient manner — even if you're on vacation or out of town
- Your payment is always on time
- It's easy to sign up for, easy to cancel
- No guessing if payment was made

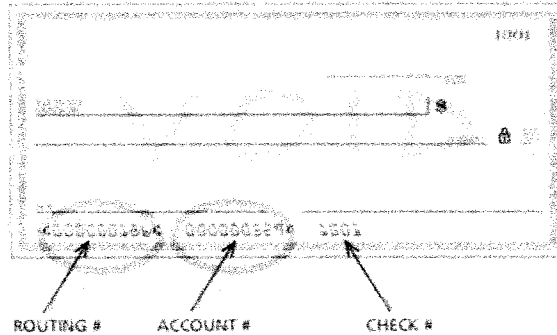
Here's how the Direct Payment Plan works:

You authorize monthly scheduled payments to be made from your checking or savings account. Then just sit back and relax. Your payments will be made automatically on a specified day and proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we

will notify you at least 10 days before the effective payment date. 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. Indicate whether your payment will be deducted from your checking or savings account.
2. Fill in the amount of monthly pledge.
3. Fill in financial institution name and location, and your name. Sign and date the form.
4. Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your bank account number and routing number.

NOTE: Be sure to sign and date the form!

PLEASE COMPLETE THE INFORMATION BELOW

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 canceled it in writing.

I authorize St. Sophia Greek Orthodox Church to initiate electronic debit entries to my:

Checking Account \$ _____ monthly

Savings Account \$ _____ monthly

for payment of my St. Sophia Greek Orthodox Annual Pledge

Financial Institutions's **Name** (please print) _____

Financial Institutions's **Routing #** _____

Financial Institution's **Account #** _____

Financial Institution's **City and State** _____

Your Name (please print) _____

Your Signature _____ **Date** _____