

# **SIGN UP FOR AUTOMATIC PAYMENT OF OFFERTORY**

**Attached is a sign-up form for automatic payment of offertory.**

**These entries will be made at Ascension and forwarded through our bank to yours.**

**You may have payments deducted on either:**

- The 5<sup>th</sup>, or
- The 20<sup>th</sup> of each month, or
- Half your monthly amount deducted twice a month on the 5<sup>th</sup> and the 20<sup>th</sup>.

## **In order to process, please:**

- \* *Fill out the form completely and legibly.*
- \* *Sign the form where indicated.*
- \* *Attach a “voided” check.*
- \* *Enclose in an envelope and seal.*

## **Please mail it back to us to:**

*Ascension Church  
743 SE 76<sup>th</sup> Ave.  
Portland, OR 97215*

**If you have questions, please contact Veronica Aguilar, Business Manager,  
at 503-256-3897 ext.12, or email at [vaguilar@ascensionpdx.org](mailto:vaguilar@ascensionpdx.org)**

## Automated Clearing House (ACH) Entry for Automatic Offertory Payment Authorization

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Directions:

1. Check type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in all requested information for you and your bank or credit union.
3. **Attach a voided check** (necessary for verification of all financial institution information.). If you are unable to attach a voided check, please fill in your account number and routing number.

**PLEASE REMEMBER TO SIGN THE FORM**

### Authorization for Direct Payment

For payment of my monthly offertory, I authorize Ascension Church to initiate electronic debit entries to my:

(please initial one) **Checking Account** \_\_\_\_\_ **Savings Account** \_\_\_\_\_

**In the amount of: \$** \_\_\_\_\_

**On the following date(s) (please check one):**

- the 5<sup>th</sup> of the month \_\_\_\_\_
- the 20<sup>th</sup> of the month \_\_\_\_\_
- half on the 5<sup>th</sup> and the other half on the 20<sup>th</sup> \_\_\_\_\_

*I acknowledge that the origination of the 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.*

**Financial Institution Name (Please Print):** \_\_\_\_\_

**Account Number at Financial Institution:** \_\_\_\_\_

**Financial Institution Routing/Transit Number:** \_\_\_\_\_

**Financial Institution City and State:** \_\_\_\_\_

**Authorized By (Name Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Attach Voided Check. Keep a copy of this authorization for your records.**