

ATTACH VOIDED CHECK TO THIS FORM

We are pleased to be able to offer you a new service – the Direct Payment Plan. Now you can have your quarterly dues paid automatically from your checking or savings account. 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
- Contribute quarterly to the Paul Harris Foundation in addition the quarterly dues
- Saves the Club money, especially if you were previously paying by credit card
- 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

Here's how the Direct Payment Plan works:

You authorize quarterly dues to be paid from your checking or savings account. Then, just sit back and relax. A payment of \$125 will be made automatically on the 5th of the month quarterly dues are due and you will receive proof of payment through an email 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 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 the club treasurer. *Please note on this form how much you would like to contribute, quarterly, to the Paul Harris Foundation in your name.

Authorization for Direct Payment

I authorize Rotary Club of Northfield to initiate entries to my checking/savings account, quarterly, for the amount of \$125.00 *plus \$_____ for a Paul Harris Foundation donation. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the club a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)


(SIGNATURE)

(DATE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

Account No. _____ Checking _____ or Savings _____

Financial Institution Routing Number _____ (BETWEEN THESE SYMBOLS  ON THE BOTTOM LEFT OF YOUR CHECK)

RETAIN FOR YOUR RECORDS

On _____ I authorized _____
(DATE) (COMPANY NAME & DEPT)

(ADDRESS)

(PHONE)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Payment amount _____
Regular payment date ~ January 5th, April 5th, July 5th and October 5th

(If payment amount changes we will notify you at least 10 days before the regularly scheduled payment date)