

We are pleased to offer you a new service — the **Direct Payment Plan**. Now you can have your donation made 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 and postage — no checks to write
- Helps you meet your commitment in a convenient and timely manner; even if you are on vacation or out of town
- No lost or misplaced statements or envelopes
- It is easy to sign up for and easy to cancel

Here's how it works:

You authorize regularly scheduled payments to Trinity School made from your checking or savings account. Then, just sit back and relax. Your donation will be made automatically on the 15th of each month. Proof of payment will be included in your usual bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

The Direct Payment Plan is dependable, flexible and convenient. To take advantage of this service, complete the authorization form below and return it to the Business Office at Trinity School.

STAPLE VOIDED CHECK HERE

AUTHORIZATION FOR DIRECT PAYMENT		
I authorize Trinity School at River Ridge and my financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Trinity School in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.		
(Name of your financial institution)	(Branch)	
(City)	(State)	(Zip Code)
(Your signature)	(Date)	
(Your name—please print)		
(Your address—please print)		
Account Number: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
Financial Institution Routing Number: _____	(between these symbols : : on bottom left of your check)	
Regular Payment Amount: \$ _____		

RETAIN FOR YOUR RECORDS

On _____ (date) I authorized Trinity School at River Ridge, 601 River Ridge Pkwy, Eagan, MN 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 Trinity School at any time by writing to the address above.

Regular Payment Date: 15th of each month for the duration agreed to on my pledge form

PLEASE REMEMBER TO ATTACH A VOIDED CHECK