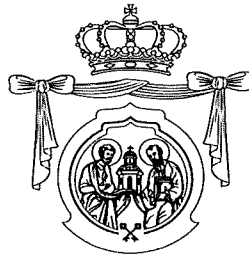


His Eminence
The Most Reverend
Metropolitan JOSEPH



Archbishop of New York and
Metropolitan of
All North America

**ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE
OF NORTH AMERICA**

March 7, 2019

The Holy Martyred Bishops of Cherson: Basileus, Ephraim, Eugene, Capito, Aetherius, Agathodorus, and Elpidius

Greetings in the Name of Our Lord, God, and Savior Jesus Christ,

The Department of Clergy Insurance and Retirement has addressed one of the recommendations our clergy and parishes have made. We are pleased to announce a new automated payment system for the Life and Disability Insurance Plan. This system will improve the process of submitting premium payments and will save parishes and the Archdiocese time and effort.

Similar to the newly implemented 401(k) e-payments, each parish and participating priest is asked to complete the attached authorization form. This procedure will allow the Archdiocese to debit the premium of \$135 every 15th of the month¹ beginning April 15, 2019.

The deadline to submit the signed form is Monday, March 18, 2019 – NO EXCEPTIONS. Kindly read the authorization form carefully for instructions on submitting a voided check.

If you have any questions, please contact Marlene Ayoub at the Archdiocese by calling (201) 871-1355 or emailing registrar@antiochian.org.

With prayers for an edifying and fruitful Great Lent,

In Christ,

The Department of Clergy Insurance and Retirement
Antiochian Orthodox Christian Archdiocese of North America

¹ Please note that this rate only applies to the year 2019. By signing above, you agree to any future changes of the rate in the coming years.

“The disciples were first called Christians in Antioch” (Acts 11: 26)

358 Mountain Road, P.O. Box 5238, Englewood, NJ 07631-5238
(201) 871-1355 T Archdiocese@antiochian.org (201) 871-7954 F

His Eminence
The Most Reverend
Metropolitan JOSEPH



Archbishop of New York and
Metropolitan of
All North America

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Life and Disability Insurance Premium Electronic Payment

We, the faithful of would like to participate in the electronic payment for the life and disability of our pastor. Please select one of the following options:

- We have attached a **voided blank check**. *(If so, please proceed to fill out sections 1 through 4.)*
- We allow the Archdiocese to use our previously submitted information, through the 401K e-payment.
(If so, please proceed to fill out sections 1, 2 and 4 ONLY.)

1 - Parish Information:

Name of Parish *(As appearing on the Bank Account)*

Address: City: State: Zip:

Email: Phone:

2 - Pastor's Information:

Full Name: *(official name as on driving license)* Name: *(if different than driving license)*

Address: City: State: Zip:

Email: Phone:

3 - Bank Account Information: *(Please attach a voided check)*

Bank:

Routing Number: Account Number: Checking Account OR Saving Account

Amount deducted monthly for this year of 2019*: \$135 *(15th of month)*

The deduction of funds will occur on the 15th of each month.

4 - Signature:

Name and Signature of Parish Council Chairperson:

Name and Signature of Parish Council Treasurer:

Name and Signature of Pastor:

Administrator: *(for Plan administration only)*

Date/Time

**Please note that this rate only applies to the year 2019. By signing above you agree to any future changes of the rate in the coming years.*