

**Salem Covenant Church
Direct Contribution Authorization Form**

Salem is pleased to offer you a new service – the Direct Contribution Plan. Now your contributions to Salem can be made automatically from your checking or savings account without changing your present banking relationship to take advantage of this service.

The Direct Contribution Plan will help you in several ways:

- It saves time – fewer checks to write
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town
- Enrollment and cancellation are quick and easy

Here's how the Direct Contribution Plan works:

Your authorization enables regularly scheduled payments to be made from your checking or savings account and directly deposited into Salem's bank account. Your payments will be made automatically on the specified day. Proof of payment will appear with your monthly bank statement.

Your direct contribution authorization will remain in effect until you notify us in writing to terminate the authorization. The Direct Contribution Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to Salem Covenant Church, Attn: Nichelle Kaul, Financial Secretary.

Authorization for Direct Contribution

I authorize Salem Covenant Church and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Salem in writing to cancel. I can stop payment of any entry by notifying Salem Covenant Church and my financial institution 7 days before my account is charged.

(Name of Financial Institution) (Branch)

(City) (State) (Zip Code)

(Signature)

(Name – Please Print)

(Address – Please Print)

Account No. _____ Checking _____ or Savings _____

Financial Institution Routing Number _____
(Attach Voided Check – Not Deposit Ticket)

OPTIONS:

- 1) Once a month _____ Contribution Amount \$ _____ 5th of the Month OR 20th of the Month
(Please circle your preference)
- 2) Twice a month _____ Contribution Amount \$ _____ Amount requested will be withdrawn on the 5th and the 20th.
(per withdrawal) (Note that if the 5th or the 20th falls on a weekend or holiday, the amount will be withdrawn on the next business day.)

Please specify which Salem account you would like each contribution to be given:

General Fund \$ _____ Other \$ _____
(Please write in specific fund)

Please indicate the date you would like payments to begin: _____ (Need at least two week notice)

ATTACH VOIDED CHECK (NOT DEPOSIT TICKET) TO THIS FORM

RETAIN A COPY FOR YOUR RECORDS