

Direct Donation Withdrawal Authorization Form

Wheatland Salem Church provides its members and constituents the opportunity to have their financial donations directly withdrawn from their checking accounts.

If you wish to participate in this program, please complete this form and submit it to the Financial Ministries Office, Room 220.

I (we) hereby authorize Wheatland Salem Church (hereafter called WSC), to initiate debit entries to my (our) checking account indicated at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such checking account.

FINANCIAL INSTITUTION _____
CITY _____ STATE _____ ZIP CODE _____
ROUTING NUMBER _____
ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until WSC has received notification from me (or either of us) of its termination in such time and in such manner as to afford WSC and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

I (we) authorize WSC to withdraw from my (our) checking account:

\$ _____ Weekly (Monday of each week)
\$ _____ Semi-Monthly (First and third Monday of each month)
\$ _____ Monthly (First Monday of each month)

Each donation (withdrawal) to be credited as follows:

\$ _____ Operating Ministries
\$ _____ Faith Promise
\$ _____ Care Fund
\$ _____ Other: _____

Please begin the automatic withdrawal on (Date): _____

This information indicates a change to current information on file.

Signature _____ Signature _____

If you have any questions, please contact the Financial Ministries Office at