AUTHORIZATION FORM
FOR DIRECT WITHDRAWAL

I hereby authorize Salem United Church of Christ, (the "Company") to initiate entries from my checking/savings account at the financial institution listed below (the "Financial Institution"), and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until the Company, is notified by me (us) in writing to cancel it in such time as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

_____

(Name of Financial Institution)

_____

(Address of Financial Institution - Branch, City, State & Zip)

_____

(Name - PLEASE PRINT)

_____

(Address - PLEASE PRINT)

_____

(Financial Institution Routing Number)

_____ _____

(Checking Account Number) (Savings Account Number)

_____ _____

(Signature) (Date)

☐ Please attach a voided check

Amount to be withdrawn: _$_____

___ 1x per month
___ 2x per month