WESTMINSTER PRESBYTERIAN CHURCH
3737 LIBERTY ROAD SOUTH
Salem, Oregon 97302
Phone (503) 364-3327 Fax (503) 589-0929

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

STANDARD AGREEMENT

WESTMINSTER PRESBYTERIAN CHURCH IS PLEASED TO OFFER AUTOMATIC ELECTRONIC FUNDS TRANSFER FOR THE CONVENIENCE OF OUR MEMBERS. THIS IS AN OPTIONAL, (NO CHARGE TO THE MEMBER) SERVICE THAT ALLOWS YOU TO HAVE YOUR FUNDS DEPOSITED DIRECTLY INTO THE CHURCH'S BANK ACCOUNT. IF YOU WISH TO PARTICIPATE, PLEASE READ THE AUTHORIZATION AGREEMENT FORM AND FOLLOW THE INSTRUCTIONS BELOW.

1. COMPLETE THE FORM BELOW. BE SURE TO INCLUDE YOUR NUMBER, SIGNATURE (S), AND DATE. PLEASE PRINT CLEARLY.
2. IMPORTANT: IF YOU CHOOSE TO HAVE YOUR PAYMENTS MADE FROM CHECKING ACCOUNT, YOU MUST ATTACH A VOIDED CHECK. IF YOU WISH TO HAVE YOUR PAYMENTS MADE FROM SAVINGS ACCOUNT, YOU MUST ATTACH A SAVINGS ACCOUNT DEPOSIT SLIP.
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, OR IS A JOINT ACCOUNT, YOU MUST INCLUDE THE NAME OF THE OTHER PARTY AND THEIR SIGNATURE.
4. VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER WITH YOUR BANK.
5. RETURN THE COMPLETED FORM TO THE WESTMINSTER PRESBYTERIAN CHURCH OFFICE IN PERSON OR MAIL TO:

WESTMINSTER PRESBYTERIAN CHURCH BUSINESS OFFICE
ATTN: CHURCH OFFICE - DIANNA CALVERT
Please call the Church Office at (503) 364-3327 if you need further information.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS AND/OR ACH CREDITS)

MEMBER NAME: _____ DAY PHONE: _____
(PLEASE PRINT CLEARLY)

I (WE) HEREBY AUTHORIZE **WESTMINSTER PRESBYTERIAN CHURCH** TO INITIATE DEBIT AND/OR CREDIT ENTRIES TO MY (OUR) ☐ CHECKING ☐ SAVINGS ACCOUNT (SELECT ONE) INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED *DEPOSITORY*, AND TO DEBIT AND /OR CREDIT THE SAME TO SUCH ACCOUNT. I (WE) UNDERSTAND IF CORRECTIONS ARE NECESSARY, IT MAY INVLOVE ADJUSTMENT (CREDIT OR DEBIT) TO MY(OUR) ACCOUNT. I(WE) ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY(OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

PLEASE DEDUCT PAYMENT ON THE ☐ 5TH OR ☐ 20TH OF EACH MONTH. (CHOOSE ONE)

DEPOSITORY
NAME: _____ BRANCH: _____

CITY: _____ STATE:_____ ZIP:

ROUTING NUMBER: __ __ __ __ __ __ __ __ __ PHONE NUMBER: _____ ACCOUNT NUMBER: _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **WESTMINSTER PRESBYTERIAN CHURCH** HAS RECEIVED WRITTEN NOTIFICATION FROM ME (US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD **WESTMINSTER PRESBYTERIAN CHURCH** AND *DEPOSITORY* A REASONABLE OPPORTUNITY TO ACT ON IT,

MEMBER SIGNATURE: _____ DATE: ___ / ___ / _____

ACCOUNT HOLDER NAME: _____

SIGNATURE: _____
(OR JOINT ACCOUNT HOLDER)

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

CHURCH OFFICE USE ONLY: DATE RECEIVED: _____ **BANK VERIFICATION:** _____ **INITIALS:** _____