Saint Andrew Lutheran Church

Transfer Offering Electronically (T.O.E.) DIRECT CONTRIBUTION AGREEMENT FORM

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS OF CONTRIBUTIONS

I hereby authorize Saint Andrew Lutheran Church, to initiate debit entries to our account indicated below, and if needed, to initiate correcting credit entries to the same account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. ☐ The Bank Information is on file at SALC and there are no changes. (Please sign & date below.) Bank Name: City/State/Zip: Bank Routing #: Bank Account #: ☐ Checking ☐ Savings Account type Please attach a voided blank check marked "VOID" or an account verification letter from your financial institution. (Deposit tickets not accepted) Please indicate amount of contribution and withdrawal date option below: ☐ There are no changes from 2024. (Please sign and date below.) Monthly on the 1st Monthly on the 10th Monthly on the 15th Monthly on the 25th This authorization is to remain in full force and effective until Saint Andrew Lutheran Church has received written notification from me of my termination in such time and in such manner, as to afford Saint Andrew Lutheran Church and Peoples State Bank a reasonable opportunity to act on it. Date: Name: (please print) Signature:

Thank you!