

AUTOMATIC BANK FORM (YOUR COPY)

Bank Transactions Offered:

- Automatic Bank Withdrawl (for payments)
- Payroll Direct Deposit

These transactions can be done from your checking or savings account. No change to your present banking relationship is required to take advantage of these services.

The Automatic Bank Withdrawl benefits:

- Lower cost fewer checks to write
- Allows you to regularly contribute in a convenient and timely manner even if you're on vacation or out of town
- Your payments are automatically recorded on your monthly bank statements
- It's easy to sign up for, easy to cancel

How the Automatic Bank Withdrawl works:

Once you authorize regularly scheduled payments from your checking or savings account, contribution payments will be made automatically on the last business day of each month.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization (please allow 10 business days for processing).

To take advantage of this service, complete the attached authorization form and return it to us via the secure mail slot outside the administration room at the NLCC Ministry Center or at the address below.

	KEIAI	N THIS SHEET I	FOR YOUR RECORDS	
On (date)	I autho	145 I Mari	New Life Community Church 145 Meghann Drive Marion, IA 52302 (319) 294-9477	
checking/savir remain in effect		ly contributions to NIng to cancel it (please	LCC or to receive payroll dire allow 10 business days for p	
Account No.	·			Account (Check One): Savings □
Check one:	START ☐ Automatic Payment(s) ☐ Payroll Direct Deposit	CHANGE ☐ Existing Autor (amount or acc	natic Payment(s) \Box	ANCEL All Automatic Payments
Beginning M	Ionth and Year:			Bank account change
PAYMENT 'Tithe:	TYPES	\$	per month / one time	
India & Nepa	al Pledge:	\$	per month / one time	
		\$	per month / one time	

When done filling out this form, place the NLCC Copy in the Office Mail Slot



AUTOMATIC BANK FORM (NLCC COPY)

I authorize New Life Community Church (NLCC) and the financial institution named below to initiate entries with my checking/savings account for making monthly contributions to NLCC or to receive payroll direct deposit. This authority will remain in effect until I notify NLCC in writing to cancel it (please allow 10 business days for processing). I acknowledge that the origin of funds from my account complies with provisions of U.S. law. Payments are processed on the last business day of each month.

(Name of Financial Institution)			(Financial Institution Phone #)		
(Address of	Financial Institution)			·	
(Contributor	r's Name or Names if a Join	t Account—Please I	Print)		
(Contributor	r's Address)				
Account No.			Type of Bank Account (Check One): Checking □ Savings □		
Financial In	stitution Routing Number _				
Check one:	START ☐ Automatic Payment(s) ☐ Payroll Direct Deposit	CHANGE ☐ Existing Autom (amount or acco	natic Payment(s) \Box	CANCEL All Automatic Payments	
Beginning Month and Year:				Bank account change	
PAYMENT Tithe:	TYPES	\$	per month / one time		
India & Nepal Pledge:		\$	per month / one time		
Other:		\$	per month / one time		
Please indic	ate if you prefer your paymo	ent to withdraw on t	he 15th or the last day of	the month:	
 Signature			Date		
financial insti account numb	ram below to locate your bank r itution. The routing number is ber can vary in the number of d	always nine digits, and	d is always found between t	he : : symbols. Your bank	
F	Routing number				
	+1:072407568'¢ (575	804152P (01175)			
	Account number	Check nu	mber		

L Attach a voided check or savings withdrawal slip for new/changed account here J