Western Mennonite School
9045 Wallace Rd NW
Salem, OR 97304

Direct Contribution Authorization Form

INSTRUCTIONS:

- Complete this form (please sign and date).
- Attach a check (your first monthly contribution) as verification of all financial institution information.
- Mail to: Western Mennonite School
  Attn: Accounts Receivable
  9045 Wallace Rd NW
  Salem, OR 97304

SECTION A - AUTHORIZATION

I/We hereby authorize Western Mennonite School to charge my/our account and financial institution for the donation amount specified below. My/Our bank is authorized to handle withdrawals on the **10th or 25th of each month** or the next banking day as if I/we had personally issued a check. I am/we are all the persons whose signatures are required to sign on the account below.

I/We will undertake to promptly notify Western Mennonite School, in writing, of any change in the account information provided in this authorization. Authorization will remain in effect until notification to terminate or change is given in writing or by email. A contribution statement for tax purposes will be mailed at years end.

SECTION B - APPLICANT'S PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE NUMBER

MAILING ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS

SECTION C - FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME	ACCOUNT TYPE	DATE TO BEGIN DONATION (circle one)
	☐ Checking ☐ Savings	M / 10 25 / YR

MAILING ADDRESS	CITY	STATE	ZIP CODE

ACCOUNT NUMBER	ROUTING NUMBER	DONATION AMOUNT
		$

SECTION D - AUTHORIZED SIGNATURES

SIGNATURE OF BANK ACCOUNT HOLDER — DATE SIGNED

X — M / D / YR

SIGNATURE OF BANK ACCOUNT HOLDER — DATE SIGNED

X — M / D / YR

KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS