



NEW SALEM MISSIONARY BAPTIST CHURCH
2956 Cleveland Ave., Columbus, OH 43224

AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENT

Please return to church office mailbox in foyer

Print Name (s) _____

Address _____ City _____ State _____

Zip Code _____ Home Phone (____) _____ Daytime Phone (____) _____

I/(We) authorize New Salem Missionary Baptist Church to initiate debit entries to my/our account as indicated below at the financial institution stated:

BANK NAME _____ Checking Account Savings Account

CITY _____ STATE _____ ZIP _____

ROUTING # _____ ACCOUNT # _____

Please check the following:

Tithe & Offering \$ _____ Building For Life \$ _____ \$1 A Day \$ _____

\$40 A Week Pledge \$ _____ Offering Pledge \$ _____

Check frequency of withdrawal: (check all that apply)

1st of Month 15th of Month 30th of Month * Bi-Weekly

* The Bi-Weekly schedule is on the back of the form

*Please indicate the amount to be debited, and select the day of the month by placing an "X" in the appropriate box for each month. **A voided check or deposit slip must accompany this form.** If the account is a joint account, both parties must sign this authorization agreement.*

This notification is to remain in full force and effect until New Salem Missionary Baptist Church has received written notification from me/us of its termination in such time and in such manner as to afford New Salem Missionary Baptist Church and the Bank reasonable opportunity to act.

Print Name(s) _____

Signature _____

Date _____

2008 Bi-Weekly Schedule

January 4, 2008
January 18, 2007
February 1, 2008
February 15, 2008
February 29, 2008
March 14, 2008
March 28, 2008
April 11, 2008
April 25, 2008
May 9, 2008
May 23, 2008
June 6, 2008
June 20, 2008
July 4, 2008
July 18, 2008
August 1, 2008
August 15, 2008
August 29, 2008
September 12, 2008
September 26, 2008
October 10, 2008
October 24, 2008
November 7, 2008
November 21, 2008
December 5, 2008
December 19, 2008