

ACH CREDIT/DEBIT AUTHORIZATION

Northwest Bank Direct Payment Enrollment Form

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

EMAIL ADDRESS: _____

FINANCIAL INSTITUTION: _____

TRANSIT/ABA#: _____

ACCOUNT NUMBER: _____

☐ Checking Account \$ _____ /PER MONTH

☐ Savings Account \$ _____ /PER MONTH

Offering/Tuition

Please specify where you would like your funds to go:

☐ Ministry/ Operations \$ _____
(incl. Benevolence)

☐ Other Donation \$ _____

☐ Purpose \$ _____
(Please Specify: _____)

Total Offering = \$ _____

I authorize "Grace Lutheran Church" to deduct/credit my account as listed above.

I understand that if I decide to discontinue this payment plan I will notify
"Grace Lutheran Church" in writing at the following address:

Grace Lutheran Church
205 S. Garner Street
State College, PA 16801

SIGNATURE: _____ DATE: _____

NOTE: Enclose a voided check with this form

Effective: 1-1-2024