DECLINE COMPENSATION FORM



| | Name of Local Church: |
|---------------------------------|--|
| | Address of Local Church: |
| • | Date: |
| Pastorsalary for serving | has agreed to not receive the following in |
| TO NOT REC | CEIVE: cent of Tithes |
| | Percent of Tithes |
| □ \$ | Per Month in Tithes |
| designated amoreceiving the tit | th treasurer is to forward 10 percent of tithes to the International Offices and the punt required by the national/regional/state office. Also, since the pastor is not the, 10 percent of what the pastor would typically receive should be forwarded to gional/state office. |
| Pastor's Signa | ture: |
| Treasurer's Signature: | |

Note: A signed copy of this document should be provided to the national/regional/state bishop, pastor, and the original should be kept in the church files. Once this document is recorded in a business conference, the tithes received will be used at the discretion of the local church, finance committee, or board of directors.

Date recorded and submitted to the local church conference:

Note: We suggest this form be adopted at a business conference at the beginning of the church's fiscal year.

Note: A pastor may reverse compensation decline in a business conference if an event escalates the need to do so. However, we strongly advise against monthly and quarterly adjustments.