

First United Methodist Church Automatic Giving

Return this form for Authorization for Direct Payment from your financial institution (bank account)

I / We hereby authorized First United Methodist Church to initiate debit (withdrawal) entries and if necessary debit correction and adjustment entries to my / our account at the financial institution designated below:

Type of Account (check one) Checking Savings

Name of Financial Institution _____

Address _____

Routing and Transit Number _____ Account Number _____

Frequency of Direct Payment Withdrawal (check one)

Weekly Monthly
Day of week _____ Day of Month _____

Amount to be withdrawn \$ _____ Begin Date _____

Please distribute my contribution as follows:

Operating \$ _____ Benevolence \$ _____ Improvement \$ _____

Other _____ \$ _____

Signature _____ Date _____

Please attach a voided check or Financial Institution Account Verification Letter.

Any account that does not have the required funds available will be charged a \$25.00 NSF Fee.

This authority will remain in full force and effect until you give the Church written notification of termination, with allowance for reasonable time for the Church to act upon the notification.