

I (we) hereby authorize United Methodist Church, hereinafter called "COMPANY", to initiate debit entries and, if necessary, credit correction and adjustment entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. laws and regulations.



This authorization is to remain in full force and effect until COMPANY has received written notification from me(or either of us) of its termination in such a time and manner as to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

Automatic Debit of Contributions Authorization Form

Please return your completed form to Forest City United Methodist Church.

YES! I'd like to sign up for Automatic Debit.

New Automatic Debit Authorization

- Semi-Monthly (transferred on the ____ & ____) - Start on ____ / ____ / ____
- Monthly (transferred on the ____) - Start on ____ / ____ / ____
- Weekly (transferred on the ____) - Start on ____ / ____ / ____
- OTHER- Please specify below in the blank space how you would like Auto Deduct Contributions made.

Change Contribution Amount

- Change Contribution Date
- Change Financial Institution Account
- Cancel Automatic Debit on ____ / ____ / ____

Amount:

Operating Fund \$ _____

Building Fund \$ _____

Other (specify fund) \$ _____

For: _____

TOTAL AMOUNT PER DONATION \$ _____

Please Tell Us About Yourself...

Name(s) on Account (please print) _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number _____

Email Address _____

Your Signature

Checking Account (attach a voided check)

Savings Account (attach a savings deposit slip)

Name of Bank/Financial Institution _____

Routing Number:

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Account Number: _____

The signature(s) hereby authorizes UMC-Forest City TO i) Start, ii) Stop, iii) Change auto debit transactions for the account listed above. I/We have attached a voided check or savings deposit slip for the account listed above. This authority will remain in effect until I/we give reasonable notification to terminate this authorization.

Authorized Signature on My/Our Account

Date

Authorized Signature on Our Account (2nd signature required for Joint Accounts)

Date