

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Faith United Methodist Church and the financial institution named below to initiate withdrawals from my checking account. I may revoke my authorization at any time in writing at least 10 days before the scheduled payment date.

Name _____
(Please Print)

Address _____ Phone: _____

Signature _____ Date _____

Name of Financial Institution _____

Address of Financial Institution _____

Attach a voided check here **OR** fill in the numbers below:

Routing Number (ABA Number) _____
(9 digits long located at bottom of check – begins with 0,1, 2 or 3)

Checking Account Number _____

Choose One Date of Transfer:

- Weekly (transferred on Mondays)
- Twice Monthly (transferred on 1st and 15th)
- Monthly (Circle **either** 1st or 15th)

Current Expense \$ _____ Debt Reduction \$ _____ Total Amount \$ _____

For Office Use Only: Effective Date _____

- New Authorization
- Change Contribution Amount
- Change Contribution Date
- Change Financial Institution Account
- Discontinue Electronic Giving

Cut off and retain for your records:

I authorize Faith United Methodist Church to initiate electronic withdrawals to my checking account and have agreed to the terms listed on the authorization. I may revoke my authorization at any time in writing at least 10 days before the scheduled payment date.

Payment Date: _____ Amount \$ _____