

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **First United Methodist Church and the financial institution** listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error, to my (our) account indicated below. I acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of US law.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

PRIMARY ACCOUNT:

Financial Institution	Branch
Address	City, State, Zip
Transit Routing Number	Account Number

Type of Account: Checking Savings

Withdrawals will be made:

- Weekly (on Mondays). If Monday is a holiday, the withdrawal will be made on the next regular business day.
- Monthly on the 5th or 20th. If the 5th or the 20th falls on a weekend or a holiday, the withdrawal will be made on the next regular business day.

Please deduct on my donation: Weekly (on Mondays) 5th of the month 20th of the month

Amount to Operating Pledge	\$		
Amount to Other Pledge(s)	\$		(Please specify the "Other")
Total	\$		

This authority is to remain in full force and effect until **First United Methodist Church** has received written notification from me (or either of us) of its termination and manner as to afford **First United Methodist Church and the financial institution** a reasonable opportunity to act on it.

Signature

Print Name

Date

Signature

Print Name

Date