

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS



Hallsville United Methodist Church

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Effective date of authorization: _____

Type of authorization: New Authorization Change Banking Information
 Change Donation Amount Discontinue Electronic Donation

Last Name

First Name

Address

City

State

Zip

Please debit my donation from (check one):

Checking Account
 (please attach voided check at bottom)

Routing Number: _____

Account Number: _____

Date of first donation:

____/____/____

Frequency of donation:

**Monthly on the 5th
 or the first business
 day following**

Monthly withdrawal amount:

Total Amount Per Month: \$ _____

Special Instructions:

I authorize Hallsville United Methodist Church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization which I may do so at any time.

Authorized Signature: _____ Date: _____

STAPLE A VOIDED CHECK HERE

PAY TO THE
 ORDER OF

Your Bank
 Bank Address, City, State Zip

For

⑆ 23456789 ⑆

Routing Number

⑆ 2345678900 ⑆

Account Number

⑆ 00 ⑆