

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I / We hereby authorize COLLEGE AVENUE UNITED METHODIST CHURCH of Manhattan, Kansas, to debit my / our bank account to receive my / our regular monetary contributions. **EFFECTIVE DATE:** _____

Name(s) _____

Address _____

City, State, ZIP _____

Email Address _____

Phone Number _____

Bank Name _____

*Bank ABA (routing) # _____ *Account # _____

Account Type: Checking Savings

Contribution Frequency: For monthly contributions, check one box below to indicate your preferred contribution date. For bi-monthly contributions, check both boxes.

5th of each month 20th of each month

If you wish to divide your contribution into various categories, please indicate the amount for each:

GENERAL BUDGET	\$ _____
FACILITIES STEWARDSHIP FUND	\$ _____
DEBT RETIREMENT	\$ _____
OTHER: _____	\$ _____
OTHER: _____	\$ _____
TOTAL CONTRIBUTION PER DEBIT PERIOD	\$ _____

Signature _____ Date _____

Please return this signed, original agreement to Church.

- Please revoke any prior electronic funds transfer and update with this one.
- I would like a copy of this signed agreement
- I would like to terminate my electronic funds transfer

This authority is to remain in full force and effect until the Church has received written notification from me (or either of us) of its termination.

*PLEASE ATTACH A VOIDED CHECK OR A COPY OF A CHECK. (Use the example to the right to locate your Bank Routing Number and Account Number.)

