

FIRST UNITED METHODIST CHURCH

AUTHORIZATION FOR DIRECT PAYMENT

I authorize First United Methodist Church and the financial institution below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution

Financial Institution (Address) (City) (State) (Zip Code)

Account Type: Checking
 Savings

Account Owner Name (Print): _____

Account Owner Address: _____

Account Number: _____

Dollar Amount to be deducted: _____

Frequency of Deduction: Twice-Monthly (on 1st and 15th of each month)
 Monthly (on 1st or 15th of each month)
 Quarterly (on 1st day of Jan., Apr., July, Oct.)

Start Date For Deduction: _____

Account Owner Signature

Date

Please Staple Voided Check Here
