**Authorization Agreement for Automatic Withdrawal of Funds**

** Haysville United Methodist Church** Church **54145787041**

Date \_\_ /\_\_\_/\_\_\_\_

Effective Date of Authorization: \_\_ /\_\_\_/\_\_\_\_ Change Contribution Date

 New Authorization Change Financial Institution Account

 Change Contribution Amount Discontinue Electronic Contribution

Your name (Please Print)

Address:

City, State, Zip:

## One Time Contributions

Lenten Offering $ \_\_\_\_\_\_\_\_\_\_\_

(Transferred April 1st)

Advent Offering $ \_\_\_\_\_\_\_\_\_\_\_

(Transferred December 15th)

Other $ \_\_\_\_\_\_\_\_\_\_\_

Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Transfer \_\_ /\_\_\_/\_\_\_\_

# Regular Contributions

* Weekly – Mondays
* Semi-Monthly - 1st & 15th
* Monthly on the 1st
* Monthly on the 15th
* Annual

Annual Date of Transfer \_\_ /\_\_\_/\_\_\_\_

General Fund $ \_\_\_\_\_\_\_\_\_\_\_

Building Fund $ \_\_\_\_\_\_\_\_\_\_\_

Sunday School $ \_\_\_\_\_\_\_\_\_\_\_

Mission & Ministry $ \_\_\_\_\_\_\_\_\_\_\_

*Total*  $ \_\_\_\_\_\_\_\_\_\_\_

Please debit my (check one):

 Checking Account - attach voided check Savings Account - attach voided deposit slip

Account #:

Routing #:

Valid routing # must start with 0, 1, 2, or 3

I authorize Haysville United Methodist Church to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ /\_\_\_/\_\_\_\_