

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Envelope # _____ (leave blank if not applicable)

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Please debit my contributions from my (check one):

- ☐ Checking Account – **attach a voided check below**
- ☐ Savings Account – **contact your financial institution for the appropriate Routing Number**

Routing Number: _____

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

Account Number: _____

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4 5 6 ⑆ 0 0 0 ⑆

Routing Number Account Number Check Number

I would like to make the following regular contribution(s):

Church Fund**Dollar Amount****Frequency** (please check one for each church fund):**Start Date**☐ Unified Budget

\$ _____

☐ Semi-Monthly – 1st and 15th☐ Monthly – 1st or 15th (circle one)

____/____/____

☐ Building Fund

\$ _____

☐ Semi-Monthly – 1st and 15th☐ Monthly – 1st or 15th (circle one)

____/____/____

I authorize **First United Methodist Church of Eaton Rapids** and **Vanco Services, LLC** to process debit entries from my account according to the contribution information above. I understand that this authorization will remain in effect until I provide reasonable notification of its termination.

Signature _____ Date _____

Please place voided check here.