

AUTOMATIC CONTRIBUTION AUTHORIZATION

YOU MUST ENTER THE BEGINNING AND END DATES AND INDICATE THE DAY OF THE MONTH THAT THE TRANSFER SHOULD BE MADE.

Bethany United Methodist Church

RLM683647

For Office Use Only		Member #	Date
Member Authorization Form Beginning Date: _____ End Date: _____ E New Authorization <input type="checkbox"/> Change Contribution Amount <input type="checkbox"/> Change Contribution Date <input type="checkbox"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Contribution			
Name of Member (Please Print)			
Address		Email	
City	State	Zip	
Regular Contribution (check one) <input type="checkbox"/> Semimonthly (Transferred on the 5th and the 20th) <input type="checkbox"/> Monthly (Transferred on either the 5th or the 20th) Circle One: 5th 20th <input type="checkbox"/> Quarterly (On the 5 th of the month beginning _____ or on the 20 th of the month beginning _____) Operating Budget \$ _____ Property Improvement \$ _____ Total Amount \$ _____ Per Deduction		The schedule shown at the left is a general schedule. If you are interested in electronic funds transfer but not on the schedule shown, please contact the Financial Secretary. We will make every effort to accommodate your needs. The following are examples of a possible changes. <input type="checkbox"/> Transfers to separate funds can be set up on different schedules. For example: ⇒ monthly to the operating budget and quarterly or semiannually to PIF. ⇒ monthly to budget on the 5 th and monthly to PIF on the 20 th . .	
Please take my contribution directly from the account specified: <input type="checkbox"/> Checking Account (attach a voided check)			
Routing #: Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols □:□:		Account #:	
I authorize Bethany United Methodist Church to process debit entries to my account. I have attached a voided check if transferring from a checking account. This authority will remain in effect until I give reasonable notification to terminate this authorization. Authorized signature on my account: _____ Date: _____			
Please attach a voided check from your checking account.			