

First United Methodist Church

352 South Main Street Crown Point Indiana 46307 219.663.1515

Authorized Agreement for Electronic Payments

Now you can easily contribute your First United Methodist Church donation electronically through Direct Debit. You don't have to change your present banking relationship to take advantage of this secure service.

Direct Debit will help you in many ways, including:

- Your donation will always be made in a timely manner
- Your donation is made even if you're out of town
- No more envelopes
- And most advantageous, NO MORE WRITING CHECKS

The authorization form below gives First United Methodist Church and your financial institution the authority to electronically debit your account according to your specific instructions. Please complete the form, as follows, to initiate Direct Debit for your church donations:

1. Read the Individual Authorization
2. Indicate the amount and frequency you wish to have your donation withdrawn
3. Complete the Account Information section
4. Sign your name, print your name and date the form
5. Attach a Voided Check to the form
6. Return this form to the church office

INDIVIDUAL AUTHORIZATION

I hereby authorize First United Methodist Church to initiate electronic debits to my account at the financial institution named below. I also authorize First United Methodist Church to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold First United Methodist Church responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting funds from my account according to my authorization.

This agreement will remain in effect until First United Methodist Church receives a written notice of cancellation from me or my financial institution, or until I submit a new Authorization Form to their offices.

Please initiate the following Direct Debit:

Amount \$ _____ and Frequency:

- Weekly (Wednesday, each week)
- Bi-Weekly (Wednesday, every other week)
- Bi-Monthly (the 15th and end of each month)
- Monthly (21st of each month)

ACCOUNT INFORMATION

Name/Address of Financial Institution: _____

Checking Account Savings Account

Routing Number _____

Account Number _____

SIGNATURE

Authorized Signature _____ Date _____

Printed Name _____

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF ALL FINANCIAL INSTITUTION INFORMATION