Authorization ForM

**Organization Name: First United Methodist Church of South Lyon**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Id #** | |  | | | **DATE** | | | |
| **Effective date of authorization:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | |
| **Type of authorization:** | * New authorization | | * Change payment amount | | | | * Change payment date | |
|  | * Change banking information | | * Discontinue electronic payment | | | |  | |
| Last Name | | | | First Name | | | | |
| Address | | | | | | | | |
| City | | | | | | State | | Zip |
| Email Address | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Frequency:**  Recurring (select one):  Monthly on the 1st  Monthly on the 15th  Date of first payment: **\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_** Amount of recurring payment: $\_\_\_\_\_\_\_\_\_\_\_\_  **Church Fund Designations and Amounts:**  Operating Fund : \_\_\_\_\_\_\_\_\_\_\_ | | | |
| Mission of the Month: \_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
|  | | |
| Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **CHECKING / SAVINGS** | Please debit payment from my (check one):   * Savings Account (contact your financial institution for Routing #) * Checking Account (staple a voided check below) | Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Valid Routing # must start with 0, 1, 2, or 3*Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ chk_inf1 | |
| I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Please staple voided check here