

**EASTLAWN UNITED METHODIST CHURCH
AUTOMATIC WITHDRAWAL
AUTHORIZATION FORM**

Church name: EUMC

Your name: _____

Address: _____

City, State, Zip: _____

Email address: _____

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

General Operating Fund \$ _____

Building Fund \$ _____

TOTAL: \$ _____

Date of first contribution: ___/___/___

Frequency of contribution (check one):

Weekly - (on Friday)

Monthly - (on the 15th)

CHECKING / SAVINGS

Please debit my (check one):

Checking account - attach voided check

Savings account - attach voided deposit slip

Routing # _____ Account # _____

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

I authorize the above organization 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: _____