



Christ UMC Jacobus | 200 North Main Street, Jacobus, PA 17407 | PH 717.428.1424

www.christumcjacobus.org

## AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

1. Effective date of authorization: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Type of authorization (check one)

☐ New authorization

☐ Change donation amount

☐ Change donation date or frequency

☐ Change banking information

☐ Discontinue electronic donation

3. Date of first donation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Frequency of donation: (check one)

☐ Weekly (Mondays)

☐ Semi-Monthly (1<sup>st</sup> and 15<sup>th</sup>)

☐ Monthly (on the 1<sup>st</sup>)

5. Fund designations and amounts:

☐ General/Operating

☐ Building Debt

☐ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

6. Donation will be deducted from my:

☐ Checking account (attach a voided check to the bottom of this form)

☐ Savings account (attach a voided withdrawal slip to the bottom of this form)

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

I hereby authorize Christ United Methodist Church to electronically withdraw funds from my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date