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