ELECTRONIC DONATION TRANSFER AUTHORIZATION

I _____ hereby authorize First United Methodist Church (FUMC) to electronically transfer funds from the account provided herein.

This authority will remain in effect until FUMC is notified by an authorized

Account Holder Name (Print)

Address

#

Phone Giving Env. # if known

Account Holder Signature

Effective Date: _____

Amount | | | | | . | | |

Debit the above amount each month (check all that apply)

☐ **First** Tuesday of every month

Banking Information (Please Print)

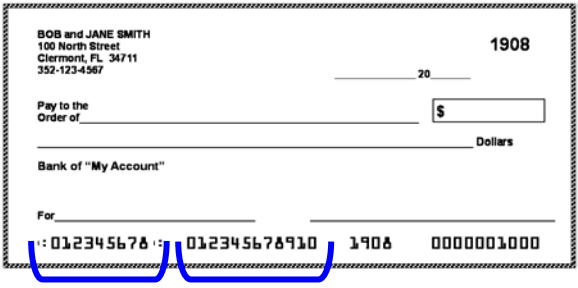
Name of Banking Institution: _____

Account listed below is my: ☐ **Checking** ☐ **Savings**

☐ **Note, this is a change to an existing account**

Routing Number | | | | | | | | | |

Account Number | | | | | | | | | | | | | | |



Routing # **Account #**

Please allocate my donation by:

Reg. Offering $_____

Bldg. Fund $_____

Other: $_____

_____