

PARK AVENUE UNITED METHODIST CHURCH
ELECTRONIC WITHDRAWAL AUTHORIZATION FORM

Please fill out this form completely and supply a voided check or deposit slip. Return form by mail to the church office or put it in the offering plate on Sunday mornings.

NEW Authorization **CHANGE:** Contribution Date Contribution Amount Account/Financial Institution

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Total contribution amount per withdrawal: \$ _____ Effective Start Date: _____

- | | |
|----------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Weekly – Transferred on Mondays | <input type="checkbox"/> Monthly – Transferred on the 1st |
| <input type="checkbox"/> Semimonthly – Transferred on the 1st & 15th | <input type="checkbox"/> Monthly – Transferred on the 15th |

Form of payment:

- Checking Account (Please supply a voided check)
 Savings Account (Please supply a deposit slip w/account information)

Bank Name: _____ Routing: # _____ Account: # _____

I authorize Park Avenue United Methodist Church to process debit entries to my account. I have enclosed a voided check or savings deposit slip. This authority will remain in effect until I give reasonable, written notification to the church (in care of the Financial Secretary – Arlette Hepp) to terminate this authorization. Thank you!

Authorized signature on my account: _____ Date: _____

Arlette Hepp - avhepp@hotmail.com or leave a message with the church office – 612-825-6863

