FAYETTEVILLE FIRST UNITED METHODIST CHURCH
Member Authorization Form

For Office Use Only	Envelope #	Date

Effective Date: _____

☐ New Authorization
☐ Change Contribution Amount
☐ Discontinue Electronic Contribution
☐ Change Contribution Date
☐ Change Financial Institution Account

Regular Contribution

☐ Weekly (Transferred on Mondays)

☐ Semi-Monthly (Transferred on the 1st & 15th)

☐ Monthly (Transferred on either the 1st or the 15th)
CIRCLE ONE: 1st 15th

☐ Quarterly (The 1st of the month beginning _____)

General Fund (Budget) $_____

Building Fund $_____

Other $_____

Total Amount Per Month $_____

Please take my contribution directly from the account specified:

☐ Checking Account (attach a voided check)
☐ Savings Account (attach a savings deposit slip)

Bank Routing Number: _____
Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at the bottom of the check between these symbols ▌ : ▌ :

Account Number:_____

I authorize Fayetteville First United Methodist Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature on Account:_____ Date:_____

Please attach a voided check or savings deposit slip.