

# Direct Debit Payment Authorization Form

Eastport United Methodist Church

I hereby authorize Eastport United Methodist Church to initiate debit entries to my account with the financial institution indicated below. This authorization is to remain in full force and effect until Company above has received written notification from me of its termination; at such time and in such manner as to afford Company above and the financial institution no later than 15 days before the next transaction effective date to act on my request.

Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_

Weekly, every Monday \_\_\_\_\_

Twice per month 5<sup>th</sup> & 22<sup>nd</sup> \_\_\_\_\_

Monthly on the 5<sup>th</sup> \_\_\_\_\_

Member Name _____	EUMC Envelope # _____
Please Print	
Member Signature _____	Date _____

<b>Bank Account Information</b>	
Depository Bank Name _____	( ) Checking ( ) Savings
City _____	State _____ Zip _____
Routing/Transit Number _____	Account Number _____

**Please return completed forms to Mitch Krebs, Finance Chair, or Neil Bergsman, Treasurer.**

**NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING EASTPORT UNITED METHODIST CHURCH IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.**

**PLEASE ATTACH A VOIDED CHECK PER ACCOUNT TO THIS FORM.**

\*This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.

Checking Account # (usually follows the Routing & Transit #)

Routing & Transit # (0 digit number between these two symbols)

John & Jane Doe  
123 Your Street  
Anywhere, USA 12345

Date \_\_\_\_\_ 2001

Pay To The Order Of \_\_\_\_\_ \$ \_\_\_\_\_

**ATTACH VOIDED CHECK** DOLLARS

YOUR BANK  
123 Your Bank's Street  
Anywhere, USA 12345

Memo \_\_\_\_\_

⑆0 1 234 7678⑆    1 234 56789⑆    ⑈ 200 1⑈

Check Number (its not needed to complete this form)

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