Bel Air United Methodist Church

Electronics Funds Transfer Application

38103162727

For Office Use Only	Envelope #	Date

Member Authorization Form

Effective Date: _____

- ❑ New Authorization
- ❑ Change Contribution Amount
- ❑ Change Contribution Date
- ❑ Change Financial Institution Account
- ❑ Discontinue Electronic Contribution

Name(s) of Member (Please Print)

Address Email Address:

City	State	Zip

Regular Contribution

- ❑ Weekly (Transferred on Mondays_
- ❑ Semi-monthly (Transferred on the 1st and 15th)
- ❑ Monthly (Transferred on either the 1st or the 15th)
  CIRCLE ONE: 1ST 15TH
- ❑ Quarterly (The 1st of the month beginning _____)

General Fund $_____

Building Fund $_____

Total Contribution Amount $_____

Annual Contributions

Easter Offering **$**_____
(Transferred April 1st)

Thanksgiving **$**_____
(Transferred November 15th)

Christmas **$**_____
(Transferred December 15th)

Other_____ **$**_____
Date of Transfer_____

Please take my contribution directly from the account specified:

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

Routing #:
Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols □:□:

Account #:

I authorize **Wesley 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 my account: Date:

Please attach a voided check or savings deposit slip.

Return complete and signed form in a sealed envelope to Phyllis Kordek at church.

What service do you usually attend?_____