



# Stevensville United Methodist Church

5506 Ridge Rd., Stevensville, MI 49127 • Phone 269-429-5911 • www.stevensvilleumc.org

For your convenience you may make your charitable contributions to Stevensville United Methodist Church via electronic ACH Transfer. Please fill out this form and return it to the church office.

## Authorization Agreement for ACH Direct Debit of Contributions

Member Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(please print)

I hereby authorize Stevensville United Methodist Church to initiate an ACH Direct Debit of the contributions specified below and any necessary credit entries to correct errors from/to my Checking / Savings account indicated at the financial institution named below. I also authorize the financial institution to accept and debit or credit the amount of such entries to my account.

This authority is to remain in full force and effect until Stevensville United Methodist Church has received written notification from the member of its modification or termination in such a time and in such a manner as to afford Stevensville United Methodist Church and the financial institution a reasonable opportunity to act on the request.

Name of your financial institution:

\_\_\_\_\_

The financial institution's routing number and your account number are located on the bottom of your check as illustrated in this example:

⑆ 123456789 ⑆ 1234567890123 ⑆  
Routing Number Account Number

Financial Institution Routing Number:

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Account Number:

Checking  Savings (check one)

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Amount of Contribution:

Day of the Month:

1<sup>st</sup>

15<sup>th</sup>

General Fund: \$ \_\_\_\_\_

Date to Begin: \_\_\_\_\_

Mission: \$ \_\_\_\_\_

Church Envelope #: \_\_\_\_\_

Sanctuary: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

"Other" Fund Name: \_\_\_\_\_

Total: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature must be that of an authorized signer for account)

**PLEASE ATTACH A VOIDED CHECK TO THIS AGREEMENT**