Direct Debit Payment Authorization Form

Eastport United Methodist Church

I hereby authorize <u>Eastport United Methodist Church</u> 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.

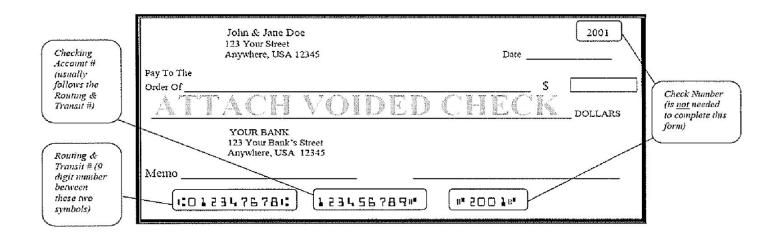
		3				J 1	
		Amount \$	Start I	Date			
		Week	aly, every Monda	у			
		Twice p	per month 5 th & 2	2 nd			
		Mor	nthly on the 5 th				
	Member Name _					e #	
		Please Print					
	Member Signatu	re			Date		
Bank	Account Information	1					
Deposit	ory Bank Name				() Checkin	ng () Savings	
City			State	Zip			
Routing	/Transit Number _		A	ccount Nu	mber		

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

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS <u>MUST</u> 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.



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