

AUTHORIZATION FOR ELECTRONIC CONTRIBUTION



New Change Stop

I (we) authorize the First United Methodist Church of Alvin to initiate automatic withdrawals from my (our) account described below:

Checking Account # _____ Savings Account # _____

Financial Institution's Name _____

Financial Institution's Address _____

Attach a voided check (below),
or provide the financial institution's routing number: _____

(Found between these bank symbols  _____  on the bottom left of check.)

In the amount of: _____ on the 9th 25th of each month (check one or both).

This authority is to remain in full force and effect until the First United Methodist Church of Alvin has received written notification from me (or either one of us) of its termination in such time and manner as to afford the First United Methodist Church of Alvin a reasonable opportunity to act on it.

Signature _____

(Optional – For Joint Account)

Full Name _____

Signature _____

Address _____

Full Name _____

Date _____

Date _____

Telephone # _____

Telephone # _____