Direct Debit Authorization

Name(s), *please print*

_____

Address, *please include city state, zip*

_____

Phone _____ E-mail _____

Signature *(2 if joint account)* **X** _____

X _____

I hereby authorize Covenant Church United Methodist, Inc. to initiate electronic debit and/or credit entries to my/our account indicated below and my/our financial institution named below.

Please deduct my contribution from my/our: _____ Checking Account *(attach a voided check)*
_____ Savings Account *(attach a MICR specifications sheet)*

Financial Institution _____

Branch _____Phone _____

Routing # _____ Account # _____

My/our contribution will be $ _____ per month, debited on the 10th day of each month. For each transaction, please credit my/our contribution to the following fund(s) according to the dollar amounts indicated:

Budget $ _____

My monthly contribution through direct debit will begin on _____, 2015. This agreement is to remain in effect until Covenant Church has received notification in writing from me/us of termination or modification of the agreement in such time and in such manner as to afford Covenant Church and its bank a reasonable opportunity to act upon it.

ATTACH A VOID CHECK HERE