

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I hereby authorize Marion Methodist Church, hereinafter called **Company** to initiate electronic debit entries to my account indicated below to fulfill my donation. I have supplied my financial institution's (Depository's) name and my account number below.

Depository Bank

Transit/Routing Number

City

State

Account Number Checking Savings

This authority is to remain in full force and effect until **Company** has received written notification from me of termination of this agreement. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name (please print)

Member Number (Office use only)

Operating Budget:

Building Fund:

Marion Methodist Foundation

Amount: \$ _____

Amount: \$ _____

Amount: \$ _____

Frequency: (Check One)

Frequency: (Check One)

Frequency: (Check One)

Every week (Friday)

Every week (Friday)

Every week (Friday)

Monthly (chose day(s))

Monthly (chose day(s))

Monthly (chose day(s))

1st 8th 15th 22nd

1st 8th 15th 22nd

1st 8th 15th 22nd

This program is flexible to your needs. If you believe that you will be unable to have sufficient funds to make the scheduled contribution, please contact the church office.

Date

Signature

**** PLEASE ATTACH A VOIDED CHECK ****