

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

I (we) hereby authorize Bozeman United Methodist Church to initiate deduction entries to my (our)

Checking/ Savings (select one)

indicated below at the financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____
City _____ State _____ ZIP _____

Bozeman United Methodist Church is authorized to deduct from my account each month \$ _____

Please deduct from my account on the 6th day of the month or the 20th day of the month.

I wish to have my contribution applied as follows:

General Operating Fund \$ _____
Building Fund \$ _____
Other (Specify) _____ \$ _____
Other (Specify) _____ \$ _____

This authorization is to remain in full force and effect until the Bozeman United Methodist Church has received written notification from me of its termination in such time and in such manner as to afford the Bozeman United Methodist Church and the financial institution(s) a reasonable opportunity to act on it.

Name(s) _____

Signatures(s) _____

Date _____

Legal guardian's name if you are under 18 years of age or name of person you have given power of attorney if the power of attorney is in effect:

(Please print)

Legal guardian/person with power of attorney

Signature _____ Date _____

YOU MUST ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FOR THE ACCOUNT YOU WANT BOZEMAN UNITED METHODIST CHURCH TO DEDUCT YOUR CONTRIBUTION FROM. DEPOSITS SLIPS ARE NOT ACCEPTABLE.

(staff only)

Name(s) on account _____

Routing Number _____ (9 digits) Account Number _____