

ACH
CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Aledo United Methodist Church to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Aledo United Methodist Church is notified by me (us) in writing to cancel it in such a time as to afford Aledo United Methodist Church and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution-Branch, City, State & Zip

Signature

Date

Name (please print)

Address

Set Amount _____

Frequency (Please circle one):

Monthly (after the 16th)

Weekly (Tuesday)

Checking/Savings Account Number: _____

(If checking account is selected please attach a voided check for verification)

Financial Institution Routing Number: _____

(Look between these symbols I: :I on the bottom left of your check)