

AUTOMATIC CONTRIBUTION AUTHORIZATION
First United Methodist Church
West Monroe, LA

I authorize First United Methodist Church of West Monroe, LA to initiate electronic debit entries to my Checking account (or) Savings account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in effect until I have cancelled it in writing.

* * * * *

Complete the following information:

NAME(S) as is listed on account _____

Account is: Individual Joint

ADDRESS as is listed on account _____

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION ACCOUNT NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

* * * * *

Amount to be withdrawn \$ _____

Frequency of Contribution: MONTHLY—Withdrawn on the 1st day of each month
 SEMI-MONTHLY—Withdrawn 1st & 15th day of each month

Date to begin withdrawals _____

Please send a voided check along with this authorization form.

* * * * *

Signature _____ Date _____

Authorization may be cancelled or changed at anytime by contacting the Church Financial Secretary.