

THE WESLEY UNITED METHODIST CHURCH

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

I (we) hereby authorize The Wesley United Methodist Church; (hereinafter called COMPANY), to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for Contribution Payments. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name \_\_\_\_\_

Transit/Routing/ABA # \_\_\_\_\_ Account # \_\_\_\_\_

Type of Account: Checking Savings

Start Month: \_\_\_\_\_

Amount to be transferred on the 5<sup>th</sup> \_\_\_\_\_ \*

Amount to be transferred on the 20<sup>th</sup> \_\_\_\_\_ \*

*\*(Please complete both blanks if you want your contribution deducted twice per month)*

This authority is to remain in full force and effect until Company has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**



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