

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS OF CONTRIBUTIONS

Saint Stephen United Methodist Church
4600 S. Western
Amarillo, TX 79109

I (we) hereby authorize Saint Stephen United Methodist Church hereinafter called the church, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking or Savings account (select one) indicated below and the depository name below, hereinafter called DEPOSITORY, TO DEBIT and/or credit the same to such account.

I wish to have my contributions to the church automatically withdrawn in the amount of:

\$ _____ Weekly on Mondays

\$ _____ Monthly on the 6th

\$ _____ Monthly on the 20th

Note: If the withdrawal day falls on a weekend or bank holiday the withdrawal will be made on the next banking day.

Depository Name:		Branch:	
City:	State:	Zip:	
Transit/ABA No:		Account No:	

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

Name: _____

Date: _____ Signed: _____

Please attach a voided check so that we can ensure the accuracy of banking information. Return this form to Ava Montgomery