



First United Methodist Church

Automatic Debit Authorization

I authorize FUMC, Paragould, to initiate debit entries to my account as listed below:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account to be debited (or attach a voided check):

Bank Name _____

Bank Routing # _____

Account # _____

Account Type Checking Savings *(circle one)*

Total Amount _____

I authorize my account to be debited:

_____ Monthly *(Tuesday following third Sunday of each month)*

_____ Bi-monthly *(15th & last day—if either of these fall on Saturday or Sunday it would be the Friday prior to)*

If any of the above days fall on a bank holiday, debit will occur on prior working day.

This amount is to be credited to:

_____ General Fund
_____ Building Fund
_____ Witt House

Automatic Debit will begin the month of: _____

I may cancel at any time by giving a 30-day notice of cancellation in writing.

Signature

Date