



Automatic Withdrawal Authorization Form

Effective Date: _____

Name (Please Print) Name on Account (if different)

Address

Daytime Phone Number E-mail Address

CONTRIBUTION SETTINGS

All contributions must be paid from the same bank account entered on this form. If you have more than one contribution and would like them deducted from a different account, please complete a separate form for each contribution category below.

- Pledge Contributions
- Non-Pledge Contributions _____

Name as Shown on Account:

Name of Bank or Financial Institution:

- Checking
- Savings

Routing Number: Account Number:

Beginning: Month _____ Withdrawal Date: 15th of the Month Last Day of the Month

Authorization Agreement:

I hereby authorize First United Methodist Church of Colorado Springs to initiate withdrawals electronically from my financial institution. This authorization is to remain effective until FUMC or my financial institution has received notification from me of its termination. Notice should be received in time and in such a manner as to afford FUMC or my financial institution a reasonable opportunity to act on it. FUMC reserves the right to end this agreement at any time without prior notice.

Signature of Account Holder Date

Please return this completed form to:

By Fax: 719.471.8533
Attn: Finance Office

By Mail: First United Methodist Church
420 N. Nevada Avenue
Colorado Springs, CO 80903
Attn: Finance Office

How to find your routing number:

