



# 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. Monthly Amount \$ \_\_\_\_\_

Non-Pledge Contributions. Monthly Amount \$ \_\_\_\_\_

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

**By Email:** colleenp@fumc-cs.org

**By Fax:** 719.471.8533  
Attn: Finance Office

### How to find your routing number:

