

Automatic Giving Transfer (ACH) Authorization

I (we) hereby authorize Huntertown United Methodist Church to initiate debit entries to my (our) account indicated below. This authority is to remain in effect until I (we) give written notice to Huntertown United Methodist Church to cancel or change it.

PERSONAL INFORMATION

Name _____ Envelope # _____

Address _____

Phone # _____ E-Mail _____

Date _____ Signature _____

Signature _____

FINANCIAL INSTITUTION INFORMATION**

Bank Name/Branch _____

Bank Transit Routing # (bottom left side of check) _____

Account # _____ Checking _____ Savings _____

*** Attach a deposit slip for savings or a voided check for checking account.*

GIVING INFORMATION

HUMC Budget \$ _____ Weekly (Monday)*
(Includes operating & building)

HUMC Budget \$ _____ Monthly (1st Monday of the month)*
(Includes operating & building)

Other \$ _____ Weekly (Monday)*
(Special offering or designated giving for: _____)

Other \$ _____ (1st Monday of the month)*
(Special offering or designated giving for: _____)

Total Amount\$ _____ Effective upon receipt unless otherwise stated.

Date received: _____ - _____ - _____

**Your pledge will be withdrawn from your designated account on Monday mornings.*

For questions, contact Deb Brown at (260) 637-3798 or deb.brown@huntertownumc.org