



GAINESVILLE UNITED METHODIST CHURCH, INC.

AUTHORIZATION FORM FOR ELECTRONIC PAYMENT OF DONATIONS

Name: _____ Envelope # (If known): _____

Address: _____ State: _____ ZIP: _____

Contact Person: _____ Contact Telephone: _____

Amount of EACH Automatic Withdrawal: \$ _____

Withdrawn On: ___ 15th of the Month; ___ 30th of the Month; ___ Both 15th & 30th of the Month

___ Other Specified date (Give Date _____)

Distribution of the Withdrawal:

Budget: \$ _____ Building Fund: \$ _____ Pastor Discretionary Fund: \$ _____

Emily Joy Fund: \$ _____ Missions: \$ _____ Youth: \$ _____

AUTHORIZATION AGREEMENT TO INSTITUTE THE ELECTRONIC PAYMENT

I (We) hereby authorize Gainesville United Methodist Church, Inc. (GUMC, Inc.) to initiate debit entries in the amount identified above to (our) ___ Checking ___ Savings account indicated below and the financial institution named below to debit the same amount to such account. I understand that this means that the GUMC, Inc. will withdraw funds directly from my (our) bank account as indicated above. I further understand that these withdrawals on the date specified will continue until written notification is received by the GUMC, Inc. Financial Secretary to change or discontinue them. Such change or termination will be accomplished by the Financial Secretary in a reasonable amount of time to act upon the action.

Bank

Name: _____ Bank Location: _____

City: _____ State: _____ Zip: _____

ABA Bank Routing Number: _____

(9 digits on the bottom left of your check) (Please attach a VOID check)

Account Number: _____

(Number following the ABA # in the bottom of the check)

SIGNED X _____ SIGNED X _____

DATE: _____