



Weekday Ministries
of
FUMC Clinton

**MONTHLY
AUTHORIZATION AGREEMENT
FOR AUTOMATIC WITHDRAWALS
(ACH DEBITS)**

COMPANY NAME: First United Methodist Church Clinton Tax ID: 64-0443890

I (we) hereby authorize First United Methodist Church Weekday Programs, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking and/or Savings Account indicated below and the bank named below, hereinafter called WITHDRAWAL, to credit and/or debit the same to such account.

BANK NAME: _____

TRANSIT / ABA NO. _____

ACCOUNT TYPE: _____ CHECKING _____ SAVINGS

ACCOUNT NUMBER: _____

Monthly withdrawals will be made on or about the third day of each month.

AMOUNT OF EACH WITHDRAWAL: \$ _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

PRINTED NAME: _____

DATE: _____ SIGNED: _____

*If using a checking account,
STAPLE VOIDED CHECK HERE.*