



AUTHORIZATION FORM FOR ELECTRONIC TRANSFER.

Please enter the information below:

Name:
Address:
Email Address:
Payment Frequency: <input type="checkbox"/> Weekly (Friday) <input type="checkbox"/> Bi-Weekly (Every other Friday) <input type="checkbox"/> Monthly (First Friday of each Month)
Start Date:
Funding Ministry Account Amount:

Bank Information:

Name on Account:
Name of Financial Institution:

Check One:

<input type="checkbox"/> Checking Account # (provide void check)
<input type="checkbox"/> Savings Account #:
Bank ABA Routing #:

Authorization Agreement for Prearranged Payments:

I hereby authorize my financial institution and Wellsboro United Methodist Church to charge the account specified in the amount of my monthly Wellsboro United Methodist Church donation and sends that amount to Wellsboro United Methodist Church. I agree that each charge to my account shall be the same as I had signed a check to donate funds. This authority will remain in effect until I supply Wellsboro United Methodist Church with written notice to terminate the payment plan. Notice must be 15 days before the donation date and shall be effective only with respect to payments after the Company's receipt of such notification. In addition, I have the right to stop payment of a charge by notifying my financial institution before the stated due date. I understand that both the financial institution and Wellsboro United Methodist Church reserve the right to terminate this payment plan and/or my participation therein. Failure to notify Wellsboro United Methodist Church of closing my bank account or to maintain sufficient funds will result in additional service charges.

Signature: _____ **Date:** _____

BENEFITS OF PAYMENT PLAN:

- *You may bank at any bank and still participate.*
- *You may choose from one of the following intervals*
 - *Weekly*
 - *Bi-Weekly*
 - *Monthly*

ARE YOU ELIGIBLE FOR THE PAYMENT PLAN?

- *Anyone is eligible to use this plan as long as you have a checking or savings account.*

HOW TO SIGN UP:

- *Fill out the authorization form.*
- *Enclose a voided check or deposit slip from the account payments will be deducted from.*
- *Return the authorization form to Wellsboro United Methodist Church.*