

**AUTHORIZED AGREEMENT FOR:
DIRECT PAYMENT**

I (We) hereby authorize *Mt. Horeb United Methodist Church*, hereinafter called COMPANY, to initiate electronic entries to the

_____ Checking Account

_____ Savings Account

indicated below, and the Financial Institution named below to debit the same to account for payments, deposits or error corrections.

Financial Institution: _____

Routing/Transit Number: _____ (get from your bank)

Checking Account Number: _____

Savings Account Number: _____

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 Financial Institution a reasonable opportunity to act upon it. This notification must be sent to Mt. Horeb United Methodist Church c/o Finance Dept.

I would like to begin an automatic payment plan for my tithes, gifts, and offerings. I wish to donate \$ _____ monthly on the 10th and/or the 25th (circle your selection(s)) of every month. Further, I would like each contribution to be designated in the following manner:

General Fund \$ _____; Missions \$ _____; Above & Beyond \$ _____; Other \$ _____

(Designation for 'Other': _____)

Name: _____

Day-Time Phone: _____

Signature: _____

Date: _____

* Attach Voided Check or Savings Deposit Slip Here