

DIRECT DEPOSIT AUTHORIZATION

First United Methodist Church 68 N. Church St. Ephrata, PA 17522

_____ New authorization _____ Changes to existing authorization
(Complete A, B, C and E) (Complete A, B, D and E)

A. Payee Information Name _____ Envelope # _____
Name _____ Envelope# _____

B. Bank/Financial Institution Information Bank Name _____ and Address _____
Bank Routing # _____
Account # _____ Checking _____ Savings _____

C. New Authorization Statement I (we) authorize First United Methodist Church to debit our contribution amount listed below from the financial institution and account indicated above for direct deposit to the checking account of First United Methodist Church. I (we) authorize the distribution of the direct deposit in the following manner:
General Fund \$ _____ Missions Fund \$ _____
Building Fund \$ _____ Other \$ _____
I (we) choose a processing date of _____ 5th of the month _____ 20th of the month
I (we) understand I (we) may change this agreement at any time by completing another Direct Deposit Authorization form and allowing a reasonable time for First United Methodist Church to act upon my request.
Signature _____ Date _____
(If Joint Account) Signature _____ Date _____

D. Change Authorization Statement I(we) authorize and request First UM Church to make the changes indicated on this form for automatic direct deposit of my contribution to the checking account of First UM Church.
Change Amount to \$ _____
Processing date change to _____ 5th of the month _____ 20th of the month
Change Fund Distribution from _____ to _____
Discontinue Direct Deposit _____ Effective Date _____
Signature _____ Date _____
(If Joint Account) Signature _____ Date _____

E. Attachment For new accounts or changes that involve new bank accounts, please attach a voided check from the account named above.