

ELECTRONIC FUNDS TRANSFER (ACH) FORM

Authorization Agreement for Automatic Transfers from **Church Member Account**
to the Church Account (ACH Debits)

I/We hereby authorize Susanna Wesley United Methodist CHURCH, to initiate, through The United Methodist Credit Union, debit entries and, if necessary, debit/credit correction and adjustment entries to my/our _____ Checking Account/ _____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called Financial Institution. I/We acknowledge that the origination of ACH transactions to/from my/our account must comply with the provisions of U.S. law.

CHURCH MEMBER BANK INFORMATION

Financial Institution Name _____ Branch _____

City _____ State _____ Zip _____ Phone: _____

Routing Number _____ Account Number _____

Wish to Tithe **once** a month _____ 15th or _____ 30th (check one) **Amount \$** _____

OR

Twice a month 15th and 30th _____ **Amount \$** _____

NOTE: If these two (2) dates do not work, please enter what works for you.

This authorization is to remain in full force and effect until the Church has received written notification from me (or either of us) of its termination in such a time and such manner as to afford Church and the Financial Institution a reasonable opportunity to act on it.

Printed Name(s): _____

Signature(s): _____ Date: _____

Email: _____ Phone: _____

NEW _____ CHANGE _____ DELETE _____

Please call or email Julia Barnes if you have questions on how to fill out the form.
(804)832-8873 or jbarnes987@gmail.com

Mail the filled out form to the church or drop it off – DO NOT EMAIL.
Susanna Wesley UMC, PO Box 39, Hayes, VA 23072