



**Central United Methodist Church**

5 Pennsylvania  
Webb City MO 64870

<b>For Office Use Only</b>		<b>Date</b>
<b>Member Authorization Form</b>		
Effective Date: _____		<input type="checkbox"/> Change Contribution Date
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change Financial Institution Account
<input type="checkbox"/> Change Contribution Amount		<input type="checkbox"/> Discontinue Electronic Giving
Name of Member (Please Print)		
Address		
City	State	Zip
<b>Regular Contribution</b>	<b>Annual Contributions</b>	
<input type="checkbox"/> Weekly (transferred on Mondays)	Easter Offering \$ _____ (Transferred the 1st Monday in April)	
<input type="checkbox"/> Semimonthly (transferred on the 1st & 15th)	Christmas Offering \$ _____ (Transferred after December 15th)	
<input type="checkbox"/> Monthly (transferred on either the 1st or the 15th) CHECK ONE: 1st <input type="checkbox"/> or 15th <input type="checkbox"/>	Other _____ \$ _____	
<input type="checkbox"/> Quarterly (1st of the month beginning _____)	Date of Transfer _____	
General Fund \$ _____		
<b>Total Contribution Amount</b> \$ _____		
Please take my contribution directly from the account specified:		
<input type="checkbox"/> Checking Account (attach a voided check)	<input type="checkbox"/> Savings Account (attach a savings deposit slip)	
Routing #: _____	Account #: _____	
<b>Routing number must start with 0, 1, 2, or 3, is 9 digits long and is located at the bottom of the check between the symbols</b>		
I authorize <b>Central United Methodist Church</b> to process debit entries to my account. I have attached a voided check or savings account deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.		
_____	_____	
Authorized Signature on account	Date	
<b>Please attach a voided check or savings account deposit slip.</b>		