

# New Albany United Methodist

## ACH AUTHORIZATION

<b>For Office Use Only</b>			<b>Date</b>
Member Authorization Form		<input type="checkbox"/>	Change Contribution Date
Effective Date: _____		<input type="checkbox"/>	Change Financial Institution Account
<input type="checkbox"/> New Authorization		<input type="checkbox"/>	Discontinue Electronic Contributions
<input type="checkbox"/> Change Contribution Amount			

Name on the Account (Please Print)		
Address		
City	State	Zip

<b>Regular Contribution</b>		
<input type="checkbox"/> <b>Semi-Monthly</b> (Transferred on the 7th & 21st)	<input type="checkbox"/> <b>Weekly</b> (Transfer every week)	<input type="checkbox"/> <b>Monthly</b> (Transfer on the 10th of the month)
Church Ministry Support		\$ _____
Hope Campaign		\$ _____
Other		\$ _____
Total Amount Per Donation		\$ _____

Please take my contribution directly from the account specified:	
<input type="checkbox"/> Checking Account # _____	<input type="checkbox"/> Savings Account # _____

Routing #: _____ Routing number must start with 0, 1, 2, 3, and is 9 digits long, located at bottom of check between these symbols 1: 1:
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I authorize <b>New Albany UMC</b> and <b>Heartland Bank</b> to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.	
Authorized signature on my account: _____	Date _____