AVONDALE UNITED METHODIST CHURCH

E-Giving EFT Authorization Form

Authorization Agreement

I hereby authorize **Avondale United Methodist Church** to initiate automatic withdrawals from my account at the financial institution named below. I also authorize **Avondale United Methodist Church** to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold **Avondale United Methodist Church** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing or depositing funds to my account.

This agreement will remain in effect until **Avondale United Methodist Church** receives a written notice of cancellation from me or my financial institution, or until I submit a new authorization form to the Financial Secretary.

Donor Information

Church Name: **Avondale United Methodist Church**

Donor Name: _____

Donor Address: _____

_____

Phone Number: (___) ___ - ____

I would like to make the following contribution(s):

General Operating Fund $ _____

"The Bridge" Capital Improvement Fund $ _____

Other: _____ $ _____

Other: _____ $ _____

Total: $ _____

Date of first contribution:

___ / ___ / _____

Frequency of Contributions (Check one):

- ☐ Weekly on Mondays
- ☐ Semi-Monthly
  On the 1st and 15th day of each month
- ☐ Monthly on the 1st day of each month
- ☐ Monthly on the 15th day of each month

This is the amount to be drafted per the schedule above. It is NOT an annual total.

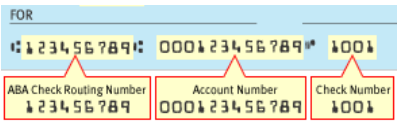
Account Information

Name of Financial Institution: _____

Checking Acct. ☐ Savings Acct. ☐

Routing Number: _____

Account Number: _____



Signature

Authorized Signature: _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Financial Secretary.