



AUTHORIZATION FOR ELECTRONIC CONTRIBUTIONS
SECTION 1 MEMBER INFORMATION

NAME (Last, First, Middle Initial)		
ADDRESS (Street, route, P.O. Box)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL	
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I hereby authorize **Grove United Methodist Church** to debit funds from the account at the FINANCIAL INSTITUTION designated below, and I further authorize the FINANCIAL INSTITUTION to debit the same to such account without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow the above a reasonable opportunity to act upon it.

I agree to notify the **Grove United Methodist Church** at **490 West Boot Rd. West Chester, PA 19380** if I wish to change the designated FINANCIAL INSTITUTION or account from which the funds are to be debited from 30 days prior to the effective date of such change.

SIGNATURE	DATE	ENVELOPE NUMBER
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SECTION 2 FINANCIAL INSTITUTION INFORMATION

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div> TYPE OF DEPOSIT ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS DEPOSITOR ACCOUNT NUMBER <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div>
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<p>Weekly / Monthly (Circle One)</p> <p>DIRECT DEBIT \$ _____</p>
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<p>ATTACH VOIDED CHECK HERE (No Deposit Tickets)</p>
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