

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

ST. ANDREW'S UNITED METHODIST CHURCH
15050 WEST MAPLE ROAD
OMAHA, NE 68116
402-431-8560

_____ New Authorization (Complete A, B, C and F) _____ Changes to existing authorization (Complete A, B, D and F) _____ Cancellation (Complete A, E)

A. Member Information

Name (please print)

Address

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Bank Routing #

Amount to be withdrawn on the 6th of each month

Account #

Amount to be withdrawn on the 21st of each month

Account #

C. New Authorization Statement

I authorize St. Andrew's Church to debit the above amount from the financial institution indicated for withdrawal from my account. I understand this agreement will continue until I terminate. I may terminate at any time by contacting the Business Administrator of St. Andrew's.

Signature

Date signed

D. Change Authorization Statement

I authorize and request St. Andrew's to make the changes indicated on this form for automatic withdrawals to my account.

Signature

Date signed

E. Cancellation Statement

I request that St. Andrew's Church terminate my automatic withdrawal from my account. I will allow a reasonable time for St. Andrew's to act upon my request to terminate this agreement.

Signature

Date signed

F. Attach a voided check and return this form to the address above.