

Trinity United Methodist Church

838 N 25th St
Fort Dodge, IA 50501

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

I (we) hereby authorize Trinity United Methodist Church, Fort Dodge, Iowa, to initiate payment charges (debit entries) to my (our) _____ Checking OR _____ Savings account (**CHECK ONE**) and debit my (our) account for the amount indicated below.

Name of financial institution _____

City _____ State _____ ZIP _____

Account number _____

Financial institution routing number _____ (Please leave blank if you aren't sure of this number.)

PLEASE ATTACH A VOIDED CHECK

REGULAR CONTRIBUTIONS:

Select **EITHER** monthly or semi-monthly and indicate the amount to be transferred:

Monthly amount \$ _____

Semi-monthly amount \$ _____

If you have chosen **MONTHLY**, please choose **ONE** of the following as your preferred date to have funds transferred to Trinity's account and indicate the amount to be transferred on the appropriate line:

First of the month (1st) \$ _____ Middle of the month (15th) \$ _____

If you have chosen **SEMI-MONTHLY**, funds will be transferred to Trinity's account on the 1st and 15th of each month. Please indicate the amount to be transferred on each of those dates.

This authority is to remain in full force and effect until Trinity United Methodist Church and the financial institution have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Trinity United Methodist Church and the financial institution a reasonable opportunity to act on it.

If an ACH transaction causes an insufficient charge or fee for Trinity United Methodist Church, we will notify you. If such a transaction occurs, this agreement may be terminated. Trinity United Methodist Church understands a person's financial situation may change, and we do not want to be a hardship.

Your name(s) _____ Envelope Number _____

Date _____ Signed _____

Date _____ Signed _____