

DIRECT GIVING PLAN

Please fill out form and return to the office

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

(SIGNATURE)

(DATE)

(NAME - PLEASE PRINT)

(ADDRESS - PLEASE PRINT)

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Aberdeen First United Methodist Church and the financial institution named below to initiate entries to my checking/saving account. This authority will remain in effect until I notify you in writing to cancel or change the amount in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. **Please fill out the form and return to the office with a voided check.**

General Fund \$ _____

To be withdrawn (check one please): _____ on the 1st of each month
_____ on the 15th of each month
_____ on the 1st & 15th of each month

I would like automatic withdrawal from my account to begin _____
(DATE)

Account Number _____

Checking _____ or Savings _____

Financial Institution Routing Number _____
(numbers on bottom left of check)