

ACH AUTHORIZATION FORM

Covenant United Methodist Church
 3701 S. Clyde Morris Blvd.
 Port Orange, FL 32129



RECEIVED IN MINISTRY OFFICE	BY: _____	DATE: _____
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name _____		First Name _____
Address _____		
City _____		State _____ Zip _____
Daytime Phone _____		
Email Address _____		
Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semimonthly on the 1 st and 15 th <input type="checkbox"/> One Time	Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	

If using a checking account, please attach a voided check at the bottom of this page.