

EASY GIVE DEBIT AUTHORIZATION

I hereby authorize **Grace United Methodist Church** to initiate Debit entries to my personal Checking/Savings account from depository indicated below for my monthly offering. I understand that I control my debits, and if at any time I can discontinue this payment service by contacting the church. I also authorize **Grace United Methodist Church** to Credit my account for correction purposes only.

Type	Name/Location	Routing #	Account #	Amount
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Change <input type="checkbox"/> Terminate	Name and Location of Bank, Credit Union, or Savings Institution:	Bank Transit Routing #:	Account #:	<input type="checkbox"/> Debit \$_____ on the 5 th of each month. <input type="checkbox"/> Debit \$_____ on the 20 th of each month. <input type="checkbox"/> Debit \$_____ on both the 5 th and 20 th of each month.

This authority is to remain in full force and effect until **Grace United Methodist Church** has received written notification from me of a change or termination such time and in such manner as to afford a reasonable opportunity to act on it. **Grace United Methodist Church** may discontinue Easy Give at any time with or without notice.

Name: _____ Phone Number: _____

Signature: _____ Date: _____

NOTE:

PLEASE ATTACH A VOIDED PERSONAL CHECK FOR CHECKING ACCOUNTS
 OR
 BANK VERIFICATION FOR SAVINGS ACCOUNTS