

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) herby authorize the First United Methodist Church of Downers Grove (DGFUMC) to initiate debit entries to my (our)

____ Checking
____ Savings Account (select one)

indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name _____

City _____ State _____ Zip _____

Routing# _____

Account# _____

Amount to be debited monthly: Operating Fund \$ _____

Cap Imrov Fund \$ _____

This authorization is to remain in full force and effect until DGFUMC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford DGFUMC and Depository a reasonable opportunity to act on it.

Name(s) _____ Envelope # _____
(please print)

Date _____ Signature _____