**St. Paul’s United Methodist Church**

201 S. Monroe St., Monroe, MI 48161

(734) 242-3000 / [stpaulsmonroe@sbcglobal.net](mailto:stpaulsmonroe@sbcglobal.net)

**DIRECT DEBIT AUTHORIZATION AGREEMENT**

* Please type or print legibly in black ink.
* Check the correct box to indicate whether this is a new application, change of deduction amount/allotment, or a cancellation of deduction agreement.
* Attach a voided check to the completed application for validation of bank and account information.
* For security of your personal information, enclose in an envelope marked “Direct Debit Authorization” and place in offering plate or deliver directly to the church office.
* Offering allotment for an existing account should be made by completing the following information and recording your name only and submitting as noted above.

Current Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Missions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Building Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Major Project Fund \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

New Account Change Deduction or Offering Allotment Cancel Agreement

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Address: | Social Security Number: | |
| City: | State: | Zip: |
| Email Address: | | Phone: |

I hereby authorize St. Paul’s United Methodist Church to debit my Checking account or Savings account at the financial institution named below for payments\* of church offering. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. St. Paul’s United Methodist Church and I agree to abide by all applicable ACH operating rules.

\*Payments may be deducted on the 5th and/or 20th of each month as follows:

- Deduct $\_\_\_\_\_\_\_\_\_ monthly on the \_\_\_\_\_\_\_\_\_\_ day of the month.

- Deduct $\_\_\_\_\_\_\_\_\_ bi-weekly on the 5th and 20th days of the month.

|  |  |
| --- | --- |
| Financial Institution: | |
| Bank Transit & Routing Number: | Account Number: |
| Name as it appears on the bank account: | |
| Direct Deposit Payments will begin on: | |

This agreement is to remain in full force and effect until St. Paul’s United Methodist Church has received written notification from me, or I have received written notification from St. Paul’s United Methodist Church of its termination so as to afford the interested parties a reasonable time to act on it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date