

## United Methodist Church of Libertyville ACH Debit Authorization

I (we) hereby authorize The United Methodist Church of Libertyville, hereinafter called The CHURCH, to initiate debit entries (and appropriate credit and adjustment entries) to my (our):

Checking Account                       Savings Account                      (select one)

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

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Routing Number (ABA #) \_\_\_\_\_

Account Number \_\_\_\_\_

Monthly Transfer Amount \$ \_\_\_\_\_ to be initiated on or about the 15<sup>th</sup> of each month.

Please contribute this as defined by my current commitment form  Yes  No  
If No, Please indicate to which funds your monthly transfer should be donated:

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_

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

Name(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature (s) \_\_\_\_\_

\_\_\_\_\_

Return form to the church office or e-mail to [kevin.garren@umcl.org](mailto:kevin.garren@umcl.org).