

**First United Methodist Church, Sioux City**  
**Electronic Funds Transfer (EFT)**  
**Authorization Form**

<b>Authorization Agreement for Automatic Withdrawal of Funds</b>	
Effective date of authorization: _____ / _____ / _____	
Type of authorization: <input type="checkbox"/> New authorization	
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation date	<input type="checkbox"/> Discontinue electronic donation

Last Name:	First Name:	
Street:		
City:	State:	Zip:

Date of first donation: _____ / _____ / _____
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<b>Frequency of donation:</b> (check only one) <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Semi-Monthly - First Monday & the 15 <sup>th</sup> <input type="checkbox"/> Monthly on the first Monday	<b>Amount to be donated each time:</b> <input type="checkbox"/> General / Operating \$ _____ <input type="checkbox"/> _____ \$ _____ <b>Total \$</b> _____
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Special Instructions:
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<b>Please debit my donation from my:</b> (check one):  <input type="checkbox"/> Savings account <i>(fill out box to the right)</i>  <input type="checkbox"/> Checking account <i>(fill out box to the right)</i>	Routing #: _____ <i>(Valid Routing # must start with 0,1,2, or 3)</i>  Account #: _____ Bank Name: _____ City: _____ State: _____
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I authorize the First United Methodist Church, Sioux City, to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable written notification to terminate the authorization.	
Authorized Signature: _____	
Date: _____ / _____ / _____	

*(Information about Electronic Funds Transfer (EFT), and "Bill Pay" through your bank, is located on the back of this form.)*