

ACH Authorization Form

I (we) hereby authorize First United Methodist Church of Sheridan to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until First United Methodist Church of Sheridan is notified by me (us) in writing to cancel it in such time as to afford First United Methodist Church of Sheridan and the financial institution a reasonable opportunity to act on it.

Name (Please Print)

Address – (Please Print)

Signature

Date

Checking Account _____

Savings Account _____

Financial Institution's Routing Number

Checking/Savings Account Number

Amount to be drafted: _____

Draft Frequency: One Time _____

Weekly _____ (Day of week)

Monthly 1st or 15th (Please circle)

COPY OF VOIDED CHECK