

**FRAZER MEMORIAL
UNITED METHODIST CHURCH**

Authorization Agreement for Automatic Debits (ACH Debit)

I hereby authorize Frazer Memorial to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account listed below.

FINANCIAL INSTITUTION NAME	TRANSIT/ABA #	ACCOUNT #
_____	_____	_____

Please circle which day of the month: 1st and/or 15th \$ _____
Amount of contribution per period

****Please note: Contributions will go towards Ministry Budget unless otherwise stated here.**

The authority is to remain in full force until Frazer Memorial has received written notification from me of its termination in such time manner as to afford Frazer Memorial and the Financial Institution a reasonable opportunity to act on it.

PRINT NAME _____	MEMBER # _____
SIGNATURE _____	DATE _____

Please include a voided check with this authorization. The debit will begin the month following the date on this agreement.