



3002 W Bloomington Rd, Champaign IL 61822-8935
Phone 217-359-8909 Fax 217-359-3908

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Name (please print) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____

Change requests sent from this e-mail address will be honored without the need to complete a new form. Leave blank if this option is not desired.

| | |
|---|---|
| <p>Please debit my contribution from my (check one):</p> <p><input type="checkbox"/> Checking account -please attach a voided check</p> <p><input type="checkbox"/> Savings account -please attach a savings deposit slip</p> | <p>Routing Number _____</p> <p>Account Number _____</p> |
|---|---|

| | |
|--|--|
| <p>Date of first contribution _____</p> <p>Fund designations and amounts:</p> <p><input type="checkbox"/> General Fund \$ _____</p> <p><input type="checkbox"/> <i>Multiply Your Love</i> \$ _____</p> <p>Total \$ _____</p> | <p>Please indicate by checking one or more boxes how often you are authorizing transfers.</p> <p><input type="checkbox"/> 1st Sunday of every month</p> <p><input type="checkbox"/> 2nd Sunday of every month</p> <p><input type="checkbox"/> 3rd Sunday of every month</p> <p><input type="checkbox"/> 4th Sunday of every month</p> <p><input type="checkbox"/> 5th Sunday of every month</p> <p>Transfers will occur on the Monday following the indicated Sunday. If a transfer date is a non-processing day, then the transfer will be made on the first processing date after the scheduled transfer date.</p> |
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AGREEMENT

I authorize **New Horizon United Methodist Church** to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature _____ Date _____

Please return this form, along with a voided check or savings deposit slip, to the church office or drop it in the offering basket on Sunday morning.