

**New Albany United Methodist
ACH AUTHORIZATION**

For Office Use Only		Date
Member Authorization Form	<input type="checkbox"/> Change Contribution Date	
Effective Date: _____	<input type="checkbox"/> Change Financial Institution Account	
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Discontinue Electronic Contributions	
<input type="checkbox"/> Change Contribution Amount		
Name on the Account (Please Print)		
Address		
City	State	Zip

Regular Contribution	
<input type="checkbox"/> Semi-Monthly (Transferred on the 7th & 21st)	<input type="checkbox"/> Monthly (Transfer on the 10th of the month)
General Fund	\$ _____
Missions	\$ _____
Other	\$ _____
Total Amount Per Donation	\$ _____
Please take my contribution directly from the account specified:	
<input type="checkbox"/> Checking Account (Attach a voided check)	<input type="checkbox"/> Savings Account (Attach a Savings Deposit slip)
Routing #: _____	
Routing number must start with 0, 1, 2, 3, and is 9 digits long, located at bottom of check between these symbols 1: 1:	
I authorize New Albany UMC and Heartland Bank to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.	
Authorized signature on my account: _____	Date: _____
Please attach a voided check or savings deposit slip	