

**Southport United Methodist Church**  
**Electronic Funds Transfer Authorization Form**

Effective Date of Authorization: \_\_\_\_\_

- Type of authorization:
- |   |  |
|---|--|
| <input type="checkbox"/> New authorization      | <input type="checkbox"/> Change banking information      |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation |
| <input type="checkbox"/> Change donation date   |  |

Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please debit my contribution from my (check one):

- Checking Account (attach a voided check at the top of the page)  
 Savings Account (contact your financial institution for Routing#)

Routing Number: \_\_\_\_\_

Valid Routing # must start with 0, 1, 2, or 3

Account Number: \_\_\_\_\_

Date of first ACH payment:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Designated

Amount:

\$ \_\_\_\_\_

Frequency of contribution: (check only one)

- Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup>  
 Monthly on the 1<sup>st</sup>  
 Monthly on the 15<sup>th</sup>  
 Weekly (Monday)

**AGREEMENT**

I authorize the above 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: \_\_\_\_\_

Furthermore, if any such electronic debit(s) should be returned by my financial institution as unpaid (Non-Sufficient or Uncollected Funds), I authorize Southport United Methodist Church, to collect a returned item fee of \$25.00 per item by electronic debit from the same account identified above.

**FOR OFFICE USE ONLY**

Notes & Special Instructions:

Member ID: \_\_\_\_\_