

For Office Use Only	Envelope # _____	Date _____
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Member Authorization Form

Effective Date: _____

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change Contribution Date
<input type="checkbox"/> Change Contribution Amount	<input type="checkbox"/> Change Financial Institution Account
	<input type="checkbox"/> Discontinue Electronic Contribution

Name of Member (Please Print) _____

Address _____

City _____	State _____	Zip _____
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Regular Contribution

Semimonthly (Transferred on the 1st & 15th)

Monthly (Transferred on either the 1st or the 15th)
CIRCLE ONE: 1ST 15TH

General Fund \$ _____

Building Fund \$ _____

New Beginnings Fund \$ _____

Total Amount

Per Contribution \$ _____

One Time Contributions

Easter Offering \$ _____
(Transferred April 1st)

Christmas Offering \$ _____
(Transferred December 15th)

Other \$ _____

Date of Transfer _____

Please take my contribution directly from the account specified:

Checking Account (attach a voided check) Savings Account (attach a savings deposit slip)

Routing #: _____
Routing number must start with 0, 1, 2, or 3, is 9 digits long,
and is located at bottom of check between these symbols □:□:

Account #: _____

I authorize Crossroads United Methodist Church 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.