Linglestown Life
AUTHORIZATION FOR DIRECT DEBIT

1. INDICATE ACTION TO BE TAKEN

(Check One) Begin direct debit___ Stop direct debit___ Change financial institution___ Change account number___

2. MEMBER INFORMATION (PLEASE PRINT)

_____ _____ _____
LAST NAME FIRST NAME ENVELOPE NUMBER

_____ _____
ADDRESS PHONE # HOME

_____ _____ _____ _____
CITY STATE ZIP PHONE# WORK

3. FINANCIAL INSTITUTION INFORMATION

TYPE OF ACCOUNT MY CONTRIBUTION WILL BE TAKEN FROM:

CHECKING ACCOUNT NUMBER (ATTACH A VOIDED CHECK)_____

SAVINGS ACCOUNT NUMBER (ATTACH A PREPRINTED DEPOSIT TICKET)_____

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION ROUTING NUMBER _____
(OBTAINED FROM YOUR ATTACHED DEPOSIT TICKET OR VOIDED CHECK OR CONTACT YOUR BANK)

4. CONTRIBUTION INFORMATION

(Indicate amounts by fund and check frequency. Weekly will be transferred on Mondays; Bi-weekly will be transferred every other Monday; Semi-monthly will be transferred on the Monday after the 1st and 15th of each month; Monthly will be transferred on the 1st Monday of the month)

FUND:	AMOUNT	WKLY	BIWKLY	SEMI-MON	MONTHLY
GENERAL MINISTRY (for the glory & purpose of God)	_____	_____	_____	_____	_____
MISSIONS	_____	_____	_____	_____	_____
BUILDING MAINTENANCE/REPAIRS	_____	_____	_____	_____	_____
FAITH CAMPAIGN	_____	_____	_____	_____	_____
COMMUNION	_____	_____	_____	_____	_____

5. AUTHORIZATION

I hereby authorize Linglestown Life, a United Methodist Church, to process debit entries to my account in the amounts and frequencies specified above. This authority will remain in effect until I notify Linglestown Life in writing 15 days prior to the effective date of a change: terminate this authorization; change financial institutions; change accounts; change amounts; change designated giving fund.

_____ _____
AUTHORIZED SIGNATURE ON MY ACCOUNT **DATE**

Please sign and return this form, along with a voided check or savings account deposit slip, to the church office.

TO BE COMPLETED BY LINGLESTOWN LIFE

Date Received_____ Date Processed_____ Effective Date of Direct Deposit_____