

# 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 1<sup>st</sup> and 15<sup>th</sup> of each month; Monthly will be transferred on the 1<sup>st</sup> Monday of the month)

**FUND:** AMOUNT WKLY BIWKLY SEMI-MON MONTHLY

Operational Fund \_\_\_\_\_

### 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 \_\_\_\_\_