

# Reveille United Methodist Church

4200 Cary Street Road | Richmond, Virginia 23221

## *Authorization Agreement for Automatic Contributions*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ I currently participate in the monthly DEBIT program and my information is on file. Please continue/adjust my monthly contribution based on the pledge card attached.

**OR**

\_\_\_\_\_ I hereby authorize Reveille United Methodist Church to initiate monthly DEBIT entries to my account indicated at the depository named below based on the pledge card attached.

Depository (Bank) Name \_\_\_\_\_  Checking  Savings

City \_\_\_\_\_ State \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

The debit transaction will take place the 5th of each month beginning \_\_\_\_\_ (month, year) *For checking, please attach a voided check to this form.*

Signature \_\_\_\_\_ Date \_\_\_\_\_ *For savings, please attach a deposit slip to this form.*