



**GLEN MAR UNITED METHODIST CHURCH
AUTHORIZATION FOR ELECTRONIC
PAYMENT SERVICE**

CHOOSE ONE

Please attach a Voided Check along with this form for the following:

- ◇ Initial Authorization Effective Date: _____
- ◇ Change of Bank OR Acct. # Effective Date: _____

Please do NOT attach a Voided Check with this form for the following:

- ◇ Change of Amount of Payment Effective Date: _____
- ◇ Discontinue E.F.T. Service Effective Date: _____

Name of Financial Institution _____ Phone # _____

Mailing Address of Financial Institution _____ City _____ State _____ Zip _____

◇ Checking Account or ◇ Savings Account Account # _____

Choose one or both of the following:

Date to be transferred:

◇ 15th of each month* Amount: \$ _____

I would like for \$ _____ to go towards my General Fund Pledge

I would like for \$ _____ to go towards my Capital Campaign Pledge

And/Or

◇ 30th of each month* Amount: \$ _____

I would like for \$ _____ to go towards my General Fund Pledge

I would like for \$ _____ to go towards my Capital Campaign Pledge

*** Will be transferred on the above date or the closest business date preceding this date each month.**

I authorize Glen Mar United Methodist Church, Inc. to withdraw from my account identified as and held at the financial institution named above, and I authorize that such account exists and that the financial institution can make withdrawals without responsibility for correctness of such amounts.

My authorization will remain in effect until I give a written notice to terminate this authorization in sufficient time and manner as to allow Glen Mar United Methodist Church, Inc. to act upon it. In addition, either Glen Mar United Methodist Church, or the financial institution can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I have provided Glen Mar United Methodist Church, Inc. with a copy of a voided check solely for the purposes of verifying my account number and the financial institution's routing number.

Print Name _____ Signature _____

Street Address _____ Date _____

City, State, Zip _____ Phone _____

Return Form with voided check to: Glen Mar UMC, 8430 Glen Mar Road, Ellicott City, MD 21043 Att: Al Hammer