



AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

I/We authorize Hilltop United Methodist Church to initiate debit entries to my/our account at the Depository (identified below) for the purpose of accomplishing the following pre-authorized debit:

FREQUENCY:

_____ Monthly (circle date) 15th or 30th Amount: \$ _____

or

_____ Bi-monthly 15th Amount \$ _____ 30th Amount \$ _____

_____ This is a new authorization

_____ This is a change in a previous authorization

Start date of first transaction: _____

Name of your bank: _____

Your bank's phone: _____

City: _____ State: _____ Zip: _____

Routing No. _____ ***

Account No. _____ ***

***Please attach a voided check

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until Hilltop UM Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Hilltop UM Church and the Depository a reasonable opportunity to act on it.

Name(s)(Please Print) _____

Signature _____ Date: _____

Signature _____ Date: _____