

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC BILLING**

I (We) hereby authorize Asbury United Methodist Church, Tax ID # 63-0954649 to initiate debit entries to my (our) checking account at the depository financial institution named below in the amounts and on the dates shown for the purpose of making my (our) tithes and offerings to the church.

FINANCIAL INSTITUTION NAME

ROUTING NUMBER

ACCOUNT NUMBER

Please attach a voided check on the account in order that we may verify the numbers provided.

Date(s) account to be debited each month

Amount(s) to be debited each payment

NOTE: indicate any special designations (i.e. Ministry or Capital Campaign) for the amounts being debited.

This authority is to remain in full force and effect until Asbury UMC has received written notification from me of its termination in such time and in such manner as to allow Asbury UMC and the financial institution a reasonable opportunity to act on it.

NAME(S) ON ACCOUNT (PLEASE PRINT)

Date Signed

SIGNATURE OF ACCOUNT OWNER(S)

Forward this signed document to Ruth Smith, Financial Administrator @ Asbury United Methodist Church, One Asbury Way, Birmingham, AL 35242