



Organization Name: Lake Harriet United Methodist Church

Customer Id # 17112640924		DATE: ____/____/____	
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
Payment Frequency: <input checked="" type="checkbox"/> Initial Payment - Date of initial payment: <u>06 / 25 / 2020</u> Amount: <u>\$525.00</u> And (check one): <input type="checkbox"/> One-time - Date of One-time payment: <u>09 / 25 / 2020</u> Amount: <u>\$4,725.00</u> Or <input type="checkbox"/> Monthly - Date of first payment: <u>09 / 25 / 2020</u> Amount of recurring payment: <u>\$525.00</u> Date of Last payment: <u>05 / 25 / 2021</u>			
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small> ⑆ 23456789 ⑆ 23 234567 000 ⑆ Routing Number Account Number Check Number </small>
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____		

Attach Voided Check Here

