

WESLEY UNITED METHODIST CHURCH
**** AUTOMATIC DRAFT AUTHORIZATION ****

Please attach a voided check to this completed form.

Please complete the following information.

Name _____

Address _____

City, State, & Zip _____

Phone Number _____

Financial Institution Name _____

City _____ State _____

Bank Account Number _____

_____ Checking _____ Savings

Amount \$ _____

Date of First Draft (We will draft once a month on the 5th.) _____

Frequency: Monthly

I authorize WUMC to debit my account and if necessary, to initiate adjustment entries for transactions made in error. These automatic debits will take place on the 5th of each month from January through December.

This authority will remain in effect until I have canceled it in writing.

Signature

Date