

AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)

Name(s) _____ Envelope # (if applicable) _____

Home Address _____
City _____ State _____ Zip _____

Home Phone _____ Daytime Phone _____

I hereby authorize Damascus United Methodist Church, hereinafter called DUMC, to initiate debit entries to my (our):

Checking Savings account (select one)

indicated below and the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (Bank) Name _____
City _____ State _____ Zip _____

Amount to deduct \$ _____

Check one of the following options:

Bi-weekly (every other Monday)
 Monthly (last day of the month)

Please note that if Monday is a federal holiday then the funds will be deducted on Tuesday.

Transit/ABA # (9 digits) _____ Account # _____

Please also attach a voided check to this form.

This authority is to remain in full force and effect until DUMC has received written notification from me (or either or us) of its termination in such time and in such manner as to afford DUMC and the Depository a reasonable opportunity to act on it. Please allow 1-2 weeks for processing any changes.

Signed _____ Date _____

Signed _____ Date _____

Return this completed form to: Damascus United Methodist Church
attn: Finance Office
9700 New Church Street
Damascus, MD 20872
fax: 301-253-2321

If you have any questions about this program, please contact Debbie Benson at 301-253-0022 x 106 or dumc_finance@verizon.net.