

Crossroads United Methodist Church
1420 North Main St.
Washington, IL.
309-444-2381

Date	
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Member Authorization Form	
Effective Date _____	
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change Contribution Date
<input type="checkbox"/> Change Contribution Amount	<input type="checkbox"/> Change Financial Institution
<input type="checkbox"/> Discontinue Electronic Giving	

Name of Member (Please Print)

Address		
City	State	Zip

Regular Contribution <input type="checkbox"/> Weekly (Transferred on Mondays) <input type="checkbox"/> Monthly Circle one: 1st 16th 25th <input type="checkbox"/> Quarterly Transferred 5th of Jan, Apr, Jul, Oct General Fund \$ _____ Building Fund \$ _____ Mission Fund \$ _____ Total Contribution Amount \$ _____	Annual Contribution Easter Offering \$ _____ transferred April 1 Christmas \$ _____ transferred December 15
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Please Take my contribution directly from the account specified:
<input type="checkbox"/> Checking Account (attach a voided check)
<input type="checkbox"/> Savings Account (attach a savings deposit slip)

Routing #
Routing number must start with 0,1,2,0r 3, is 9 didgits long, and is located at the bottom of a check between these symbols: [:]

Account #

I authorize Crossroads United Methodist Church to process debit entries to my account.	
This authority will remain in effect until I give reasonable notification to terminate this authorization.	

Authorized Signature on my Account	Date:
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Please attach a voided check or savings deposit slip
