

Debit Authorization

I hereby authorize The Yorktown United Methodist Church, hereinafter called the "Company", to initiate debit entries for contributions from my account as indicated below and the financial institution named below, hereinafter called the "Financial Institution", and to debit the same to such account. I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law.

_____	_____	_____
(Financial Institution Name)	(Branch)	
_____	_____	_____
(Address)	(City/State)	(Zip)
_____	_____	Type of Acct: ___Checking ___Savings
(Routing Number)	(Account Number)	

The amount to be debited is _____ on Tuesday of each week or _____ on the 5th of each month.

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

_____	_____
(Print Individual Name)	(Signature)

	(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM