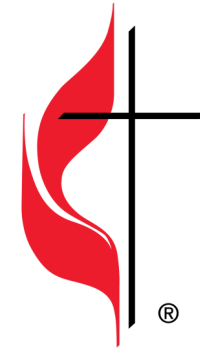


Flame of Faith UMC

Automatic Withdrawal



Type of Authorization:

- New Authorization
- Discontinue authorization
- Change banking information
- Change donation amount

Please debit my donation from my:

- Checking Account**
(attach a voided check)
- Savings Account**
(attach deposit slip)

Routing Number:

(Valid Routing # must start with 0, 1, 2, or 3)

Account Number:

Authorization Effective Date:

**AUTHORIZATION
AGREEMENT**

I authorize Flame of Faith UMC to process debit entries to my account on the 20th of every month. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Printed Name: _____

Signature: _____

Date _____

Account Holder Information:

Name: _____

Address: _____

City: _____

State: ___ Zip: _____

Phone: _____

Email: _____