



AUTO CASH TRANSFER APPLICATION

Please debit my bank account as described in the attached Authorization Agreement for Direct Debit to Franklin First United Methodist Church as follows:

GENERAL BUDGET

Beginning Date: _____

Amount: \$ _____
on each frequency date checked below

Frequency: Day of the month (check one or more dates)

1st 15th

NORTH CAMPUS LAND & BUILDING FUND

Beginning Date: _____

Amount: \$ _____
on each frequency date checked below

Frequency: Day of the month (check one or more dates)

1st 15th

This agreement will remain in effect until the Church Office is notified in writing thirty (30) days prior to debit date.

Signature _____ Date _____

Signature _____ Date _____



**AUTHORIZATION AGREEMENT
FOR DIRECT DEBIT (ACH DEBITS)**

COMPANY: Franklin First United Methodist Church

COMPANY TAX ID NO: 62-0632679

I (we) hereby authorize First United Methodist Church herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) CHECKING or SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____

ROUTING # _____ ACCT # _____

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ SOC. SEC. # _____

(please print)

Signature _____ Date _____

Signature _____ Date _____

(PLEASE ATTACH VOIDED CHECK)