



BANK ACH AUTHORIZATION

I authorize Franklin First United Methodist Church (hereafter "the Church") to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries made in error to my bank account described below.

This authorization is to remain in effect until the Church has received written notification from me of its termination, in such time and in such manner as to afford the Church and the Bank a reasonable opportunity to act on it.

Bank Name:		
Bank Account Number (not to exceed 17 digits):	Type of Account:	Checking
		Savings
Bank Routing and Transit Number (required 9 digits):	Your Phone Number	
Print Your Name:	Your email address:	
Authorized Signature:	Date Signed:	

Withdraw and apply the funds withdrawn from my account as follows:

<u>Operating Budget Fund:</u>			
Effective Date:			
Frequency of withdrawals:	1 st Day of the Month	Amount:	\$
	15 th Day of the Month	Amount:	\$

<u>Building Fund:</u>			
Effective Date:			
Frequency of withdrawals:	1 st Day of the Month	Amount:	\$
	15 th Day of the Month	Amount:	\$

ATTACH VOIDED CHECK HERE

A voided check from your checking account must be included in this application
(Do not use a deposit ticket or temporary check)



The most secure way to submit this form is either via mail to the Finance Office, drop in the collection basket, or drop it off at the church.

Franklin First United Methodist Church
120 Aldersgate Way | Franklin, TN 37069 | 615.794.2734 | www.franklinfumc.org