

Automatic Withdrawal Authorization

Electronic Funds Transfer

McMinnville Coop Ministries – Trinity Lutheran – McMinnville United Methodist – Lumen Christi

93322916541

For Office Use Only	Envelope # _____	Date _____
Member Authorization Form		
Effective Date: _____	<input type="checkbox"/> Change Contribution Date	
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change Financial Institution Account	
<input type="checkbox"/> Change Contribution Amount	<input type="checkbox"/> Discontinue Electronic Contribution	
Name of Member (Please Print) _____		
Address _____		
City _____	State _____	Zip _____
Regular Contribution	Contribution is for:	
<input type="checkbox"/> Weekly (Transferred on Mondays)	[] Coop Ministries	
<input type="checkbox"/> Semimonthly (Transferred on the 1 st & 15 th)	[] Trinity Lutheran	
<input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CIRCLE ONE: 1 ST 15 TH	[] United Methodist	
<input type="checkbox"/> Quarterly (The 1 st of the month beginning _____)	[] Lumen Christi	
General Fund \$ _____		
Deficit reduction \$ _____		
Other _____ \$ _____		
Total Contribution Amount \$ _____		
Please take my contribution directly from the account specified:		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
Routing # _____	Account # _____	
Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols □:□:		
I authorize McMinnville United Methodist Church to process debit entries to my account on behalf of Trinity Lutheran, Cooperative Ministries and Lumen Christi. This authority will remain in effect until I give reasonable notification to terminate this authorization.		
Authorized signature on my account: _____	Date: _____	