

**ACH
CREDIT/DEBIT AUTHORIZATION FORM**

I (we) hereby authorize First United Methodist Church of Keller to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until First United Methodist Church of Keller is notified by me (us) in writing to cancel it in such time as to afford First United Methodist Church of Keller and the financial institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ Frequency: Monthly Weekly

Checking/Savings Account Number: _____
(If checking account is selected, please attach a voided check for verification.)

Financial Institution Routing Number: _____
(Look between these symbols | : | on the bottom left of your check)