



**Asbury United Methodist Church
300 East Basin Road New Castle, DE 19720**

Authorization Form for Automatic Withdrawal of Funds-CHECK

Type of Transaction

New authorization Change banking information
 Change pledge amount Discontinue electronic donation
 Change pledge date

Pledger Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone number: _____
Email Address: _____

Pledge

Date of First Pledge: _____

Frequency of Pledge:

Weekly - Mondays
 Semi-Monthly – 1st and 15th
 Monthly – beginning of the month

Fund designations and amounts:

General/Operating \$ _____
 Building/Mortgage Fund \$ _____

Total \$ _____

Banking Information

Bank: _____
Routing Number: _____
Account Number: _____ (Please attach one voided check to this form)

Payment Authorization

I authorize Asbury United Methodist Church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____