



**GLEN MAR UNITED METHODIST CHURCH  
AUTHORIZATION FOR ELECTRONIC PAYMENT SERVICE**

**Choose only one of the following:**

- Initial Authorization                       Change of Bank OR Account Number  
*Please attach a Voided Check for an Initial Authorization or Change in Bank/Account Information*
- Change of Amount of Payment       Discontinue Electronic Payment Service

**Effective Date:** \_\_\_\_\_

\_\_\_\_\_  
*Name of Financial Institution* *Phone #*

\_\_\_\_\_  
*Mailing Address of Financial Institution*                      *City*                      *State*                      *Zip*

**Account #** \_\_\_\_\_  Checking Account       Savings Account

**Choose one or both of the following Transfer Dates:**

*\* The transfer will occur on the specified date or the closest business date preceding this date each month*

**15<sup>th</sup> of each month\***      **Total Amount \$** \_\_\_\_\_

I would like for \$ \_\_\_\_\_ to go towards my General Fund Pledge

I would like for \$ \_\_\_\_\_ to go towards my Capital Campaign Pledge

**30<sup>th</sup> of each month\***      **Total Amount \$** \_\_\_\_\_

I would like for \$ \_\_\_\_\_ to go towards my General Fund Pledge

I would like for \$ \_\_\_\_\_ to go towards my Capital Campaign Pledge

I authorize Glen Mar United Methodist Church, Inc. to withdraw from my account identified as and held at the financial institution named above, and I authorize that such account exists and that the financial institution can make withdrawals without responsibility for correctness of such amounts.

My authorization will remain in effect until I give a written notice to terminate this authorization in sufficient time and manner as to allow Glen Mar United Methodist Church, Inc. to act upon it. In addition, either Glen Mar United Methodist Church, or the financial institution can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I have provided Glen Mar United Methodist Church, Inc. with a copy of a voided check solely for the purposes of verifying my account number and the financial institution's routing number.

\_\_\_\_\_  
*Print Full Name*

\_\_\_\_\_  
*Signature & Date*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Phone Number*

Please return this form with voided check (if required) to:  
Glen Mar UMC, 4701 New Cut Road, Ellicott City, MD 21043 Attn: Bob Henry