



# First United Methodist Church

319 West Main Street  
Swainsboro, GA 30401  
Office: (478) 237-7535

## ACH/DRAFT Authorization Form For recurring tithe and donations

I (we) authorize Swainsboro First United Methodist Church to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) as follows:

Checking Account /  Savings Account (*select one*) at the financial institution named below. I agree that ACH transactions I authorize comply with all applicable laws.

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Debit Amount \$ \_\_\_\_\_ Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly

Start date of debits \_\_\_\_\_

*All drafts will be drawn on Mondays unless it is a holiday, in which case it will happen the following business day. For Semi-monthly, it will be drafted on the following Monday after the 1st and the 15th of the month.*

I understand that this authorization will remain in full force and effect until I notify Swainsboro First United Methodist Church in writing at 319 W. Main Street, Swainsboro, GA 30401, by phone (478) 237-7535, or via email at SwainsboroUMC@aol.com that I wish to revoke this authorization.

Name \_\_\_\_\_

(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Please attach a voided check to this form)*