

4380 Manson Pike Murfreesboro, TN 37129 615-893-0347

AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT

I hereby authorize Blackman United Methodist Church to initiate debit entries to my Checking Account/Savings Account at the depository financial institution as indicated below.

Financial Institution Name:				
Bank Address:				
Routing Number:	Account Nu	umber:		
(Please attach a copy of a voided check)				
Please check one: Checking	Savings			
Amount to be drafted from my accou	nt is \$, which shall be placed	within the BUMC General Fund	
Frequency of drafts:	w.	□ Monthly on 1 st	□ Monthly on 15 th	
	-			
Requested start date:				
This authorization is to remain in full notification from me of its termination linstitution a reasonable opportunity	on in such time and in so			
Name:				
		Date:		
Address:	City	St	tate	
Phone: E	mail:			