

Authorization for Direct Payment

I/we authorize Cross Winds United Methodist Church and the financial institution named below to initiate entries to my/our checking/savings account. I/we authorized these entries in the amount of \$_____ (check one below) or 1/2 this amount, if twice a month.

- _____ on the 1st and 15th day each month
- _____ on the 1st day each month
- _____ on the 15th day each month

This authority begins _____ and will remain in effect until I/we notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I/we can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution _____ **Branch** _____

City _____ **State** _____ **Zip Code** _____

Signature _____ **Date** _____

Name - Please Print _____

Address _____

Checking Account Number _____ **or**

Savings Account Number _____

Bank Routing Number (ABA) _____

Please attach a voided check here

Retain for your records

On _____ I/we authorized Cross Winds United Methodist Church 15051 Weaver Lake Road, Maple Grove, MN 55311 (763-494-9463) to initiate electronic entries to my/our checking/savings account and have agreed to the terms listed on the authorization. I/we may revoke the authorization with Cross Winds United Methodist Church at any time by writing to the address above. The regular payment date will be the 1st and or the 15th each month, as I/we have designated.