

DEBIT/CREDIT AUTHORIZATION FORM

I / We hereby authorize Pollard Memorial United Methodist Church (Tyler, TX) to initiate a charge in the set amount of

\$_____ the 5th day of each month and/or

\$_____ the 20th day of each month

Beginning the 5th or 20th of _____, 20_____.

to my (our) checking/savings account at the financial institution indicated below, and if necessary initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Pollard Memorial United Methodist Church is notified by me (us) in writing to cancel it in such time as to afford Pollard Memorial United Methodist Church and the Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution

Location (City, State)

Financial Institution's Routing Number

Checking Account #

or _____
Savings Account #

Contributor's Name

Contributor's Name

Contributor's Signature

Contributor's Signature

NOTE: *Please attach a copy of a cancelled check.* NOT a deposit slip as they do not have routing numbers on them.

Date

Please print, complete and deliver this form to:
*ATTN: Lowell Hinsch
Pollard Memorial United Methodist Church
3030 Copeland Rd., Tyler, TX, 75701.*

Questions? Call Lowell Hinsch at 903-597-2571 or email him at lowellhinsch@pollardumc.com