

Direct Debit Process

Thank you for your interest in the Direct Debit program for payment of your church gifts.

Please complete the attached application, attach a voided check from your account, sign and date at the appropriate place and return to Jen Dell, Financial Secretary.

Your application must be received by the first of the month in which you wish to begin direct debit to Zionsville United Methodist Church. Applications received during the month will begin deductions the following month. All debit transfers will be performed the 21st of each month.

If you have further questions or concerns, please contact Jen Dell at 873-2623 or jdell@zumc.org. Thank you for your gifts to the ministry and mission of ZUMC.

Jen Dell
ZUMC Financial Secretary

AUTHORIZATION AGREEMENT (ACH DEBIT) dbt-auth

I hereby authorize Zionsville United Methodist Church to initiate debit/charge entries to my Account indicated below at the Financial Institution named below and to debit the same to such account.

<u>FINANCIAL INSTITUTION INFORMATION</u>	
Financial Institution Routing Number	_____
Financial Institution Name	_____
Address	_____
City/State	_____

<u>MEMBER'S PERSONAL INFORMATION</u>	
CHECKING Account Number	_____
OR	
SAVINGS Account Number	_____
Member Name	_____
 <u>DISTRIBUTION OF CONTRIBUTIONS</u> <u>START DATE OF DISTRIBUTION</u>	
General Fund \$ _____ per month	_____
Building Fund \$ _____ per month	
_____ Fund \$ _____ per month	
_____ Fund \$ _____ per month	
\$ _____ Total	

This authorization is to remain in full force until otherwise notified in writing from me of its termination in such time and in such manner as to afford Zionsville United Methodist Church and the Financial Institution a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT AND IF IT IS A SAVINGS ACCOUNT, PLEASE INSERT YOUR ACCOUNT NUMBER.