

# DIRECT DEPOSIT AUTHORIZATION

Hope United Methodist Church • 3474 Rothsville Road • Ephrata PA 17522

New authorization  
(Complete A, B, C and E)

Change to existing authorization  
(Complete A, B, D and E)

---

A. Payee Information      Name \_\_\_\_\_ Envelope # \_\_\_\_\_  
Name \_\_\_\_\_ Envelope # \_\_\_\_\_

---

B. Bank or Financial Information      Bank Name \_\_\_\_\_  
and Address \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Account # \_\_\_\_\_  Checking  Savings

---

C. New Authorization Statement      I (we) authorize Hope United Methodist Church to debit our contribution amount listed below from the financial institution and account indicated above for direct deposit to the checking account of Hope UM Church.  
I (we) authorize the distribution of the direct deposit to the General Fund.  
I (we) choose a processing date of  5th of the month  20th of the month.  
I (we) understand I (we) may change this agreement at any time by completing another Direct Deposit Authorization form and allowing a reasonable time for Hope UM Church to act upon my request.  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If Joint Account) Signature \_\_\_\_\_ Date \_\_\_\_\_

---

D. Change Authorization Statement      I (we) authorize and request Hope UM Church to make the changes indicated on this form for automatic direct deposit of my contribution to the checking account of Hope UM Church.  
Change Amount to \$ \_\_\_\_\_  
Processing date change to  5th of the month  20th of the month  
Discontinue Direct Deposit \$ \_\_\_\_\_ Effective Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If Joint Account) Signature \_\_\_\_\_ Date \_\_\_\_\_

---

E. Attachment      For new accounts or changes that involve new bank accounts, please attach a voided check from the account named above.