

ELECTRONIC CONTRIBUTIONS AUTHORIZATION

Date of first contribution: __/__/__

Repeat using last year's information.

Name_____

Address_____

City_____ State_____ Zip_____

Phone_____

Email_____

This commitment may be revised or cancelled at any
time at my request.

Frequency of Contribution:

- Weekly on Wednesdays
- Monthly on the 1st
- Monthly on the 15th
- Bi-Monthly on the 1st & 15th

Checking/Savings

Please debit my contribution from my
(check one):

- Savings Account (contact your bank for routing #)
- Checking Account (attached a voided check)

Routing Number:

Account Number:

I authorize Ridge United Methodist Church to process debit entries to my account. I understand that this authority will remain in effect until I provide one-week notification to terminate authorization.

Signature

Date_____

**Attach voided
check here**