

**AUTHORIZATION
FORM**



Name _____

Street _____

City/State/Zip _____

Phone _____

Email _____

Financial Institution _____

Institution Address _____

Checking Account Number _____

Savings Account Number _____

Routing Transit Number _____

Monthly gift amount \$ _____

Please specify on which of the following dates you would like your deduction made: 5th 19th

Semi-monthly gift amount \$ _____

Your semi-monthly gift amount will automatically be deducted on the 5th and 19th of each month.

Weekly gift amount \$ _____

Your weekly gift amount will automatically be deducted on Monday of every week.

Signature _____

Date _____

Mail this completed form with a voided check and/or deposit slip to the Business Office at Water's Edge United Methodist Church using the address below.

water'sEDGE
United Methodist Church

108 E. Church St.
Mason, OH 45040
513 295-1208
www.watersedgeumc.net