

**SANTA CLAUS UNITED METHODIST CHURCH  
AUTHORIZATION AGREEMENT FOR AUTO-GIVING PREAUTHORIZED PAYMENTS**

Name(s) \_\_\_\_\_

I (We) hereby authorize Santa Claus United Methodist Church to initiate debit entries to my

Checking Account                       Saving Account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Router/ABA Number \_\_\_\_\_

Account Number \_\_\_\_\_

Debit to Occur: Five dates after receipt of authorization form per occurrence selected.

Monthly .....on the (select one)     5<sup>th</sup> of each month or  20<sup>th</sup> of each month

OR

Bi-weekly .....on the 5<sup>th</sup> and 20<sup>th</sup> of each month

Debit Amount \$ \_\_\_\_\_

This Authority is To Remain in Full Force and Effect until Santa Claus United Methodist Church Has Received Written Notification from Me (Or Authorized Person) Of Its Termination in Such Time and Such Manner As To Afford Santa Claus United Methodist Church a Reasonable Opportunity To Act On It.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP**