

Automatic Giving Form

**Chenoa United Methodist Church
Request for Electronic Donation**

Please complete and return to the Financial Secretary

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED MONTHLY PLEDGE
PAYMENTS**

Church Members Name(s) _____ Please Print

I (we) hereby authorize Chenoa United Methodist Church Church of Chenoa, IL to initiate debit entries to my (our) * Checking account * Savings account (select one)

indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

Depository Name (i.e., Heartland Bank & Trust, CEFCU) _____

Transit/ABA Number (1st set of numbers at bottom of check) _____

Account Number (2nd set of numbers at bottom of check) _____

Amount of each monthly donation: \$ _____

Start Date: _____

Scheduled transactions will take place on the 10th of each month.

This authority is to remain in full force and effect until Chenoa United Methodist Church and Depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Church and Depository a reasonable opportunity to act on it.

Church Members Name(s) _____ Please Print

Date _____ Phone Number _____ Email _____

Signed _____ Signed _____



If you chose your checking account for direct deposits, please include a voided check with this completed form.