**Direct Deposit Enrollment Form**

I hereby authorize Markle United Methodist Church to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my \_\_\_ checking, \_\_\_savings account (select one) at the financial institution indicated below. I further authorize the financial institution named below to credit and/or debit such account.

I understand that this authorization remains in effect until Markle United Methodist Church receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford Markle United Methodist Church and my financial institution a reasonable time to act on it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holder Signature Date  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Joint Account Holder Signature Date

Financial  
Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transit/ABA No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a \_\_\_weekly or \_\_\_\_monthly (\_\_\_week of the month) donation for the following purposes:

$\_\_\_\_\_\_\_\_\_\_\_\_ Current Giving/Tithe $\_\_\_\_\_\_\_\_\_\_ Trustees

$\_\_\_\_\_\_\_\_\_\_\_\_ Missions-Undesignated $\_\_\_\_\_\_\_\_\_\_ Missions \_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_