

FIRST CHURCH

AUTO TITHE AUTHORIZATION FORM

PERSONAL INFORMATION

Name _____ E-Mail Address _____
Address _____ City _____ State _____ Zip _____

TYPE OF AUTHORIZATION

- ☐ New Authorization
- ☐ Change Financial Institution
- ☐ Change in Contribution Amount
- ☐ Discontinue Electronic Contribution

DESIGNATE MY FUNDS TO

- ☐ Regular Offering \$ _____
- ☐ Missions \$ _____
- ☐ Building Fund \$ _____
- ☐ Breakthrough \$ _____

I WOULD LIKE MY DEDUCTION TO BE MADE

- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly

I WOULD LIKE MY DEDUCTION TO BEGIN ON (DATE)

PLEASE TAKE MY CONTRIBUTION DIRECTLY FROM THE ACCOUNT SPECIFIED

- ☐ Checking Account (**Attach a voided check.**)
- ☐ Savings Account (**Attach a savings deposit slip.**)

Financial Institution Name _____
Routing # _____ Account # _____

AUTHORIZATION

I authorize First United Methodist Church to process automatic withdrawals from my account as specified. I have attached a voided check or savings deposit slip. The authority will remain in effect until I give a two-week notification to terminate this authorization.

Signature _____ Date _____

Please return completed form with a cancelled check or deposit slip to:

First United Methodist Church, C/O Brenda Monfre, 200 E North St., Butler, PA 16001

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