

Direct Offering Authorization Form



I authorize Fishburn United Methodist Church, Inc. to initiate electronic debit entries to my...

Checking Account

Savings Account

...for payment of my offering.

I acknowledge that the origination of ARH transactions to my account must comply with the provisions of US law. This authority will remain in effect until I have cancelled it in writing.

Date: _____

- FINANCIAL INSTITUTION NAME (PLEASE PRINT): _____
- FINANCIAL INSTITUTION ROUTING NUMBER: _____
- ACCOUNT NUMBER AT FINANCIAL INSTITUTION: _____
- FINANCIAL INSTITUTION CITY AND STATE: _____
- AMOUNT: _____ FREQUENCY: weekly monthly

Name (PLEASE PRINT): _____

Signature: _____

**Give Simply.
Give Consistently.
Give Conveniently.**

Complete the back of this form and place it in the offering or mail it to the church office.

Questions?
Contact the church office at
office@fishburnumc.org OR
717.534.2262

