



UNITED METHODIST CHURCH

First Fruits Authorization

NAME _____

DEPOSITORY INFORMATION

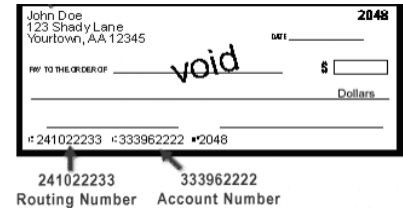
☐ Use of the same bank account as previous

Financial Institution Name _____

Routing Number _____

Account Number _____

Dollar Amount to be Withdrawn _____



A voided check for verification is *required*

CUMC FUND DESIGNATION

☐ Use the same fund designations as before

FUND

AMOUNT

Operations and Ministry \$ _____

Capital Renewal and Replacement \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

The dollar amount indicated will be taken on the 15th of each month.

If the 15th falls on a weekend or holiday, it will happen the next business day.

I hereby authorize **FiCUMC** to initiate automatic withdrawals from my account at the financial institution named below.

Further, I agree not to hold **FiCUMC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds to my account.

This agreement will remain in effect until **FiCUMC** receives a written notice of cancellation from me or my financial institution, or until I submit a new First Fruits Authorization to **FiCUMC**.

Signature

Date