

For Office Use Only		Envelope # _____	Date _____
Member Authorization Form			
Effective Date: _____		<input type="checkbox"/> Change Contribution Date <input type="checkbox"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Contribution	
<input type="checkbox"/> New Authorization <input type="checkbox"/> Change Contribution Amount			
Name of Member(s) (Please Print) _____			
Address _____			
City _____		State _____	Zip _____
Contribution Information		Amount to Transfer \$ _____	
<input type="checkbox"/> Weekly (Transferred on Mondays)		Each Contribution _____	
<input type="checkbox"/> Semimonthly (Transferred on the 1 st & 15 th)			
<input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CIRCLE ONE: 1 ST 15 TH			
<input type="checkbox"/> Quarterly (The 1 st of the month beginning _____)			
Please take my contribution directly from the account specified:			
<input type="checkbox"/> Checking Account (attach a voided check)		<input type="checkbox"/> Savings Account (attach a savings deposit slip)	
Routing #: _____ Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols I:I		Account #: _____	
I authorize Westminster Presbyterian Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.			
Authorized signature on my account: _____			Date: _____
Please attach a voided check or savings deposit slip.			