

DRAFT AUTHORIZATION

I hereby authorize Mt. Pleasant UMC (hereinafter called Company), to initiate debit entries and, in the event of an erroneous debit entry, I authorize credit entries, for adjustment to my account indicated below and the financial institution named below, hereinafter called Financial Institution, to credit and/or debit the same to such account. The authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Today's Date	
Name	
Financial Institution Name	
Financial Institution Address	
Draftee ID#	
Routing #	
Financial Institution Account #	

Amount to be drafted:

Weekly: \$ _____ .00

Bi-weekly: \$ _____ .00

Monthly: \$ _____ .00 Signature: _____

Check one:

I am not currently participating in the draft program:

ADD – (Draft the account shown)

I am currently participating in the direct deposit program:

CHANGE – (Change financial institution and/or bank account number)

CANCEL – (Stop my participation in the program effective _____)

IMPORTANT!

Select type of account Checking or Savings

<p>Attach your VOIDED CHECK here.</p>
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