

CHANGE IN AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

I, the undersigned participant in a pre-arranged payment plan, hereby authorize Hempfield United Methodist Church (hereinafter called **COMPANY**) to initiate debit entries in the **NEW** amount of \$_____ to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**), and to debit the same to such account and send this amount to the Company.

This authority is to remain in full effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** or **BANK** a reasonable opportunity to act on it.

COMPANY INFORMATION

Company Name: Hempfield United Methodist Church Company Tax ID #: _____

PARTICIPANT INFORMATION

NAME: _____ BY: _____
Please type or print Participant's Signature

DATE: _____ Day of month Debit to take place [] 15th of every month **OR** [] 25th of every month

Please indicate the change in request (new bank, new amount, new debit date, discontinuing payments):

BANK ACCOUNT INFORMATION
(Attach copy of voided check)

Bank Name: _____ Bank Account #: _____

Bank 9-digit ABA Transit Routing #: _____ [] Checking **OR** [] Savings

Attach voided check here

Jane M. Doe John P. Doe 2020 Main Street Anywhere, PA 12345-6789	60-142 313	101
DATE _____		
PAY TO THE ORDER OF _____		
SAMPLE CHECK		DOLLARS
MEMO _____		
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Bank 9-digit ABA Transit Routing Number

Account Number