

Harmony United Methodist Church

380 E. Colonial Hwy
Hamilton, VA 20158
(540) 338-2937

Direct Debit Agreement Form

Authorization Agreement

I hereby authorize **Harmony UMC** to initiate automatic debits from my account at the financial institution named below. I also authorize **Harmony UMC** to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold **Harmony UMC** 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 deducting funds from my account.

This agreement will remain in effect until **Harmony UMC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form to the Church Administrator.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Note what fund(s) you would like deduction distributed to and the percentage:

Amount to be deducted:

Weekly
To be deducted each Monday

Monthly
To be deducted on the first of month

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.