



1212 Butzow Drive Suite B
Urbana, IL 61802
217-328-1445
offering@questumc.org

Authorization Agreement for Automatic Withdrawal of Funds

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email* _____

**Change requests from this email address will be honored without the need to complete a new form. Leave blank if this option is not desired. Emails can be sent to offering@questumc.org.*

Please debit my contribution from my (check one):

- Checking Account – **please attach a voided check**
- Savings Account – **please attach a voided deposit slip**

Routing Number _____

Account Number _____

Date of first contribution _____

Amount to be transferred \$ _____

Please indicate by checking one box how often you are authorizing transfers.

- 1st Sunday of the month
- 1st and 3rd Sunday of the month

Transfers will occur on the first Monday or Tuesday following the indicated Sunday. If a transfer date is on a non-processing day, then the transfer will be made on the first processing date after the scheduled transfer date.

Agreement

I authorize **Quest United Methodist Church** to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature _____ Date _____

Please return this form, along with a voided check or savings deposit slip, by mail to the church office or drop it in the offering basket on Sunday morning.