



Authorization Form
 480 South Highland Street
 Memphis, TN 38111-4302
 901.452.6262; fax 901.452.6264
 web: stlukesumc.org

___ New authorization ___ Change in authorized amount ___ Change in account

Name: _____

Address: _____ Phone #: _____

City/State: _____ Zip Code: _____

Email address (optional): _____

I hereby authorize the business office of the St. Luke's United Methodist Church to automatically withdraw from my (our) ___ Checking ___ Savings Account (*select one*) the monthly amount stated below. I/we understand and accept that this will begin in the month I have stated below and will continue until the Church's business office receives written notification from me stating this automatic withdrawal should be terminated. I also recognize that monthly withdrawals will be made during the first week of each month.

Signature: _____ Date: _____

Signature: _____

****It is strongly urged that if the account used for automatic withdrawals is a "jointly" owned account, both parties sign this authorization as acknowledgement of the agreement.****

Bank and Account Information:

Bank Name: _____ Phone #: _____

City/State: _____ Zip Code: _____

Name on the account: _____

Account #: _____ Routing/ABA#: _____

Giving Information:

Monthly amount to withdraw: _____ Month to start: _____

Church account name/envelope # to credit: _____

Please attach a voided check and return to:
 St. Luke's United Methodist Church
 480 So. Highland Street • Memphis, TN 38111-4302
 Attn: Vickey Hobbs