



Grinnell United Methodist Church

916 5th Avenue, Grinnell, IA 50112
phone 641-236-3757 – fax 641-236-5755
www.grinnellumc.org

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period, the charge will appear on your bank statement as an “ACH Debit”. No prior-notification will be provided by the church before this transaction. If you need to make changes to your amount or date please contact the church office and those will be easily made for you.

____ I authorize Grinnell United Methodist Church to charge my bank account indicated

below for \$ _____ on the (circle one) 1st 15th 30th of each month.
(\$ Amount) (day)

This is for _____
(please indicate fund – Budget, Missions, Etc.- and \$ amounts if multiple)

Bank Details

Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the GUMC office in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____