



PINE ISLAND UNITED METHODIST CHURCH
200 N MAIN, PINE ISLAND, MN 55963
507-356-4553

Electronic Contributions

I (we) hereby authorize Pine Island United Methodist Church to initiate debit entries to my (our) _____Checking/_____ Savings account (select one) indicated below and the depository named below to debit same to such account:

MY BANK NAME _____

MY BANK ADDRESS _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authority is to remain in full force and effect until Pine Island United Methodist Church and my bank has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford Pine Island United Methodist church and my bank a reasonable opportunity to act on it.

Name _____

Co-Owner _____

Date _____

I choose _____ Weekly – this is processed on Fridays

I choose _____ Monthly – this is processed on the Friday after the 10th of the month.

Amount _____ Start Date _____

Please attach a VOID check here.