

Mount Olivet United Methodist Church
Authorization for Electronic Funds Transfer

I/we authorize the Church Administrator of Mount Olivet United Methodist Church to withdraw on a monthly basis my/our pledge in support of the ministries of Mount Olivet. I/we understand that as a result of executing this form, the following actions will occur:

- **Withdrawals will be posted to my/our account** on the 15th of each month;
- **Withdrawals will continue as specified below, and any increase /decrease will require completion of a new form.**

MONTHLY WITHDRAWAL AUTHORIZED	
Pledge	\$ _____
Communion	\$ _____
Mount Olivet Envelope # _____	Effective month to begin withdrawal _____

I/we have attached a void/cancelled check with this application.

Signature: _____

Date: _____