



SULPHUR GROVE UNITED METHODIST CHURCH

7505 Taylorsville Road • Huber Heights, Ohio 45424 • (937) 236-5970

www.sulphurgrove.org

**“e-Giving” Authorization Agreement
for Direct Payments (ACH Debits)**

**Originating Institution: West Ohio United Methodist Credit Union, Inc.
Routing Number: 242077574**

Yes, after prayerful consideration, I would like to participate in “e-Giving” by having my offering electronically transferred from my *(please select only one)*

checking account **OR**

savings account to the **Sulphur Grove United Methodist Church** account with the West Ohio United Methodist Credit Union.

Beginning on: ___/___/___ please deduct \$_____ *(please select only one)*

Each Monday **OR** On the 1st of each month **OR** On the 15th of each month

I acknowledge and give permission to West Ohio United Methodist Credit Union to originate “e-Giving” ACH debits from my account. I acknowledge that the origination of ACH transactions from my account must comply with all applicable state and federal laws.

Name of Your Credit Union or Bank (Depository): _____

Routing Number: _____ Account Number: _____

Please attach a voided check

I understand this authorization may remain in full force and effect until West Ohio United Methodist Credit Union has received written notification from me of my desire to terminate this request and adequate time has been afforded for West Ohio United Methodist Credit Union and the depository to act on my request.

Signature: _____ **Print Name:** _____ **Date:** ___/___/___

Signature: _____ **Print Name:** _____ **Date:** ___/___/___

