



AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Your Name:
Address:
City, State, Zip:
Email address:

I would like to make the following contribution(s) to the Wesley Food Pantry:

- | | | |
|---|----------|--|
| <input type="checkbox"/> Where most needed | \$ _____ | Date of first contribution: ____/____/____ |
| <input type="checkbox"/> Wesley Evening Pantry | \$ _____ | |
| <input type="checkbox"/> Wesley Parkland Pantry | \$ _____ | Frequency of contribution (check one): |
| <input type="checkbox"/> Other _____ | \$ _____ | <input type="checkbox"/> Weekly – Mondays |
| | | <input type="checkbox"/> Semi-monthly – 1 st and 15 th |
| Total | \$ _____ | <input type="checkbox"/> Monthly on the 1 st |
| | | <input type="checkbox"/> Monthly on the 15 th |

Please debit my (check one):

- Checking account—*attach voided check*
- Savings account—*attach voided deposit slip*

Routing No.: _____ Account No.: _____

I authorize the Wesley Food Pantry/Wesley United Methodist Church to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ **Date:** _____

Please mail or fax completed form and documentation to:

Bonnie Taylor
Wesley Church, Foundation & Pantry
1203 W. Green Street
Urbana, IL 61801

bonnie@wesleyui.org
(217) 344-1120
(217) 344-1830 (fax)