



STARKVILLE

GLOBAL METHODIST CHURCH

I hereby authorize Starkville GMC to initiate (1) withdrawals from my checking/savings bank account or (2) charge my credit/debit card and, if necessary, make any adjustments for any transactions debited/credited in error.

This authority will be in effect until Starkville GMC is notified by me in writing to cancel authorization in such time to afford Starkville GMC and the financial institution a reasonable opportunity to act on it.

Name: _____ Date: _____

Signature: _____

Amount: \$ _____

Frequency: ☐ Weekly ☐ Monthly (check one)

Donations by Check or Savings Account

Name of financial institution: _____

Address of financial institution
(branch city state and zip) : _____

Routing number: _____ Account number: _____

Please attach a voided check for checking account donations.

Donations by Credit/Debit Card

Name on credit/debit card: _____

Card Number _____

Expiration Date: ____/____ CVV: _____

Please submit this form in an offering basket
or mail to Starkville GMC, P.O. Box 1791, Starkville, MS 39760