



ELECTRONIC OFFERING AUTHORIZATION FORM

Date: _____
 Name: _____
 Address: _____

 Phone: _____
 Email: _____

Banking

Bank: _____
 Routing #: _____
 Account #: _____
 Checking? _____
 Savings? _____

Giving

Start Date: _____
 Amount \$ _____
 Weekly _____
 Bi-Weekly _____
 Monthly _____

Change Request:

Date to begin change: _____
 New Amount: _____
 New Interval: (circle one)
 Weekly/Bi-Weekly/Monthly

The Turning Pointe United Methodist Church has my permission to draw the above listed amount Weekly/Bi-Weekly/Monthly as an ACH for my offering to TTPUMC. This amount will continue to be withdrawn until we receive a notice in writing from you to discontinue.

Signature: _____

For TTPUMC use: Entered: _____ Date: _____ By: _____

Member Giving Number _____