

BOWMAN UNITED METHODIST CHURCH Electronic Tithing Authorization

I hereby authorize Bowman United Methodist Church to initiate electronic tithing to my Checking Account on the ____ **1st** day of the month *and/or* the ____ **15th** of the month. (*Check one or both*), beginning the month of _____, 20____. The amount of each e-tithe will be \$ _____. This authorization will remain in effect until I have notified the Church office, in writing, of my intent to cancel.

I understand that this is only for giving to the general ministry account and special collections will not be taken from my account. Therefore, if you wish to make a designated gift, please write a check and drop it into the collection basket or mail it to us at PO Box 122, Bowman ND 58623.

Retain this portion for your records.



Return this portion to the Church Office.

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Full Name (Please Print)	Mailing Address
Financial Institution	City/State Branch
Signature	Date

Routing Number (1st 9 digits of MICR line.)	Account Number at Financial Institution
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Here's where to find these numbers on your check blank (you won't need the check number):

⑆ 23456789 ⑆ 123 456789 ⑆ 000 ⑆

⏟ Routing Number ⏟ Account Number ⏟ Check Number

Please also attach a **voided check** from that account to this form.