



AUTOMATIC DEBIT AUTHORIZATION

I (we) hereby authorize my (our) financial institution to charge my (our) account each month and pay St. Luke's United Methodist Church the amount shown below. This authorization to charge my (our) account shall be the same as if I (we) signed a check to St. Luke's United Methodist Church. A record of my payment will be included in my bank statement. I (we) may terminate or change my (our) participation in the plan upon written notification to St. Luke's United Methodist Church, 100 W. 86th St. , Indianapolis, IN 46260.

Amount you wish to transfer each month to the annual operating fund: \$ _____

Amount you wish to transfer each month to the Capital fund: \$ _____
Trust God No Matter What

I prefer to have this deducted on:

_____ *the 5th of each month*

_____ *the 20th of each month*

beginning _____ *(month/year).*

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phones: Home: _____ Work: _____

E-mail: _____

Signature

Date

**Mail or Deliver along with a VOIDED check to the following address:
Finance Office, St. Luke's UMC, 100 W. 86th St.
Indianapolis, IN 46260**