



1504 Bedford St, Johnstown, PA 15902
Telephone: (814) 269-3678
Fax: (814) 266-3103
www.OaklandOnline.org

Direct Debit Payment Authorization Form

I hereby authorize Oakland United Methodist Church to initiate debit entries to my account with the financial institution indicated below. This authorization is to remain in full force and effect until Company above has received written notification from me of its termination; at such time and in such manner as to afford Company above and the financial institution no later than 15 days before the next transaction effective date to act on my request.

Customer Name..... Offering/Envelope #.....
Please print If applicable

Customer Signature..... Date.....

Bank Account Information

Amount \$, . () Weekly/Each Sunday () Monthly on the

Depository Bank Name..... () Checking () Savings

City..... State..... Zip.....

Routing/Transit Number Account Number.....

Please attach a voided check per account to this form.