



# Monroe County United Ministries

827 West 14th Court  
Bloomington, IN 47404-3347  
(812) 339-3429 (812) 339-2912 fax  
mcum@mcum.org www.mcum.org

\_\_\_\_\_ **I'm ready** to join the Justice League to help MCUM create lasting solutions to economic, educational, and social injustice.

Thank you for your support of Monroe County United Ministries and your decision to make automatic transfers through the Justice League. Please determine whether you'd like an automatic transfer through your bank account or a monthly credit card deduction and complete the corresponding section.

We will post these transfers as determined by you from the array of choices below. You may discontinue these withdrawals at any time by notifying us in writing.

### **AUTOMATIC TRANSFER (ACH) AUTHORIZATION**

I hereby authorize Monroe County United Ministries, Inc. to make scheduled withdrawals from my account as described below.

Amount to be withdrawn \$ \_\_\_\_\_

Schedule for withdrawal(select one):

\_\_\_\_\_ Monthly on the 1<sup>st</sup> of the month

\_\_\_\_\_ Monthly on the 15<sup>th</sup> of the month

The effective date for the first withdrawal is  
: \_\_\_\_\_

If the purpose for these contributions is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to Monroe County United Ministries. I acknowledge receipt of a completed copy of this authorization.

Name of Financial Institution : \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account (select one): \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Customer Name : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payable to: Monroe County United Ministries  
Limitations for purpose of withdrawal: Charitable Contribution

*We would like to have a voided check or a scanned copy of a check to ensure accurate information.*

**AUTHORIZATION CREDIT CARD CHARGE**

I hereby authorize Monroe County United Ministries, Inc. to charge my MasterCard/Visa account as indicated below:

Amount to be withdrawn \$ \_\_\_\_\_  
Schedule for withdrawal(select one):

- \_\_\_\_\_ Monthly on the 1<sup>st</sup> of the month
- \_\_\_\_\_ Monthly on the 15<sup>th</sup> of the month

The effective date for the first withdrawal is \_\_\_\_\_:

Account Type (choose one): \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

I understand that this form is valid unless I cancel the authorization through written notice. I understand that I will receive a receipt each time a charge is posted to my account. I understand that 30 days after all charges are posted and cleared, this document will be destroyed.

\_\_\_\_\_  
Cardholder Name Signature

\_\_\_\_\_  
Cardholder Billing Address (including lot #, apt #, etc) City State Zip

Account #: \_\_\_\_\_ Exp. Month: \_\_\_\_\_ Exp. Year: \_\_\_\_\_

Security Code: \_\_\_\_\_

**THANK YOU** for your commitment to alleviating the symptoms of poverty for Monroe County residents. Your monthly donation will make an impact right away, felt immediately by someone in need.