

Methodist Children's Homes Coffee Club



50 cents a day, \$15 a month

_____ Yes, I would like to join the MCH Coffee Club.
Please accept my pledge of \$ _____ per month.

_____ I would like MCH to draft my account once a month (see below).

Name _____ Phone _____

Street Address _____

City _____ State/Zip _____

E-mail _____

I (we) hereby authorize the Methodist Children's Homes, hereinafter called UMMCF, to initiate debit entries to my (our) bank account indicated below and the depositor (bank) named below, hereinafter called BANK, to debit the same such account.

Bank Name _____

City _____ State _____

Account # _____ Routing # _____

Amount \$ _____ to be drafted on the 15th day of each month. This authority is to remain in effect until UMMCF and the Bank receive written notification from me of termination in such time and manner as to afford UMMCF and the Bank a reasonable opportunity to act on it.

Name(s) _____ Date _____

Signature #1 _____ #2 _____

**PLEASE ATTACH A COPY OF A CANCELED OR VOIDED CHECK AND
RETURN WITH COMPLETED FORM TO:**

Methodist Children's Homes
Post Office Box 66
Clinton MS 39060-0066
601.853.5000 www.mchms.org