Authorization Form

First United Methodist Church **54223791908**

FOR OFFICE USE ONLY	ENVELOPE #	DATE

Type of Authorization Form:

- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking/credit card information
- ❑ Discontinue electronic donation

Last Name First Name

Address

City State Zip

Email Address

Date of first donation:

_____/_____/_____

Frequency of donation: (please check only one)

- ❑ Weekly – Mondays
- ❑ Semi-Monthly – 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th

Church fund designations and amounts:

- ❑ General/Operating $ _____
- ❑ Building $ _____
- ❑ Other_____ $ _____

Total $ _____

Special Instructions:

CHECKING / SAVINGS

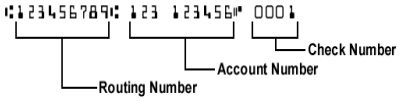
Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

CREDIT CARD

Please charge my donation to my (check one): ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover Card

Credit Card Number: Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above church to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____