Authorization Form

First United Methodist Church

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:

- ❑ Current Expenses $ _____
- ❑ Missions $ _____
- ❑ Capital Expenses $ _____
- ❑ Endowment Funds $ _____

Total $ _____

Annual Donations:	Amount:	Date of Transfer:
❑ Christmas	$ _____	_____/_____/_____
❑ Easter	$ _____	_____/_____/_____
❑ Good Friday	$ _____	_____/_____/_____
❑ Lent	$ _____	_____/_____/_____
❑ Maundy Thursday	$ _____	_____/_____/_____
❑ Ash Wednesday	$ _____	_____/_____/_____
❑ Thanksgiving	$ _____	_____/_____/_____

CHECKING / SAVINGS

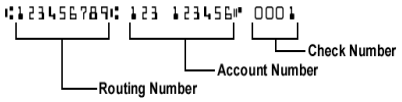
Please debit my donation from my (check one):

- ❑ 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 and Vanco Services, LLC 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 and Vanco Services, LLC to charge my credit card in accordance with the information above.

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