

# ELECTRONIC GIVING AUTHORIZATION FORM

Woodstock First United Methodist Church



Effective date of authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Type of authorization:**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New authorization          | <input type="checkbox"/> Change donation amount          | <input type="checkbox"/> Change donation date |
| <input type="checkbox"/> Change banking information | <input type="checkbox"/> Discontinue electronic donation |   |

|               |            |     |
|---------------|------------|-----|
| Last Name     | First Name |     |
| Address       |            |     |
| City          | State      | Zip |
| Email Address |            |     |

|  |   |  |  |
|--|---|--|--|
| <b>DATE OF FIRST DONATION:</b><br>____/____/____ | <b>FREQUENCY OF DONATION:</b><br><input type="checkbox"/> Weekly – Mondays<br><input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup><br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup> | <b>FUNDS:</b><br><input type="checkbox"/> Current Budget<br><input type="checkbox"/> Capital Expense | <b>AMOUNTS:</b><br>\$ _____<br>\$ _____<br><b>Total</b> \$ _____ |
|--|---|--|--|

**ANNUAL CONTRIBUTIONS**

|  |          |                                       |
|--|----------|---------------------------------------|
| <input type="checkbox"/> Easter offering       | \$ _____ | Date to be transferred ____/____/____ |
| <input type="checkbox"/> Thanksgiving offering | \$ _____ | Date to be transferred ____/____/____ |
| <input type="checkbox"/> Christmas offering    | \$ _____ | Date to be transferred ____/____/____ |

|   |   |  |
|---|---|--|
| <b>CH<br/>EC<br/>KI<br/>NG<br/>/<br/>SA<br/>VI<br/>NG<br/>S</b>   | Please debit my donation from my (check one):<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)<br><input type="checkbox"/> Checking Account (attach a voided check below) | Routing Number: _____<br><b>Valid Routing # must start with 0, 1, 2, or 3</b><br><br>Account Number: _____<br> |
| I authorize the above organization 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: _____   |   |  |

|  |  |
|--|--|
| <b>CR<br/>ED<br/>IT<br/>/<br/>DE<br/>BIT<br/>CA<br/>RD</b> | Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card<br>Card Number: _____ Expiration Date: _____<br>Name on Card: _____<br>Billing Address (if different from above): _____<br>I authorize the above organization to process transactions in accordance with the information above.<br>Signature (as it appears on the card): _____ Date: _____ |
|--|--|

*If using a checking account, please attach a voided check over the credit/debit card section above.*