



**First United
Methodist Church**

Authorization Form

32134184358

FOR OFFICE USE ONLY

CONTROL#

DATE

Type of Authorization Form: New authorization Change banking/credit card information
 Change donation amount Discontinue electronic donation
 Change donation date

Last Name

First Name

Address

City

State

Zip

Date of first donation:

____/____/____

Frequency of donation:

- Weekly on Monday
- Monthly on the 1st
- Monthly on the 15th

Church fund designations and amounts:

- Current Fund \$ _____
- Building Fund \$ _____
- Missionary Support \$ _____
- Shepherd of the Streets \$ _____
- American Rescue Workers \$ _____
- Family Promise \$ _____
- St. Anthony's \$ _____
- Pregnancy Care Center \$ _____
- Habitat for Humanity \$ _____
- Salvation Army \$ _____
- Campus Crusade \$ _____
- Hunger Fund \$ _____

TOTAL \$ _____

Special Instructions:

CHECKING / SAVINGS

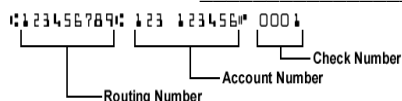
Please debit my donation from my (check one):

- 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 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: _____

Please enclose a voided check or Savings deposit slip and return with your form.