

AUTHORIZATION FORM



Name of the organization: **First United Methodist Church** _____

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE												
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														
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	<table style="width:100%;"> <tr> <td>FUNDS:</td> <td>AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> General/Operating</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Cowboy Bell</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Music Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Capital Campaign</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Total</td> <td>\$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Cowboy Bell	\$ _____	<input type="checkbox"/> Music Fund	\$ _____	<input type="checkbox"/> Capital Campaign	\$ _____	Total	\$ _____
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Total	\$ _____													
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 												
	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: _____													

If using a checking account, please attach a voided check at the bottom of this page.