|  |  |
| --- | --- |
| **Authorization Form for Automatic Withdrawals**First United Methodist Church of Saline |  |
| **FOR OFFICE USE ONLY** | **MEMBER ID:** | **INPUT BY:** |
| **Effective date of authorization:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |  |
| **Type of authorization:** | * New authorization
 | * Change donation amount
 | * Change donation date
 |
|  | * Change banking information
 | * Discontinue electronic donation
 |  |
| Last Name | First Name |
| Address |
| City | State | Zip |
| Email Address |
| **DATE OF FIRST DONATION:**\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | **FREQUENCY OF DONATION:*** Weekly – Mondays
* Semi-Monthly – 1st and 15th
* Monthly on the 1st
* Monthly on the 15th
 | **FUNDS:*** General Fund
* Capital Fund
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total** | **AMOUNTS:**$\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_**$\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CHECKING / SAVINGS** | Please debit my contribution from my (check one):* Savings Account (contact your financial institution for Routing #)
* Checking Account (attach a voided check below)
 | Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Valid Routing # must start with 0, 1, 2, or 3***Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_chk_inf1 |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CREDIT / DEBIT CARD** | Card Brand (check one): | * Visa
 | * MasterCard
 | * American Express
 | * Discover Card
 |
| Card Number: | Expiration Date: |
| Name on Card: |
| Billing Address (if different from above): |
| I authorize the above organization to process transactions in accordance with the information above.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.***