

# AUTHORIZATION FORM



Name of the organization: **United Methodist Church of Mantua**

|  |   |   |            |   |     |  |
|--|---|---|------------|---|-----|--|
| <b>FOR OFFICE USE ONLY</b>   |   | <b>ENVELOPE/DONOR #</b>   |            | <b>DATE</b>   |     |  |
| Effective date of authorization: ____/____/____  |   |   |            |   |     |  |
| <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date<br><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"/> General/Operating<br><input type="checkbox"/> Building<br><input type="checkbox"/> _____  |     |  |
|  |   |   |            | <b>AMOUNTS:</b><br>\$ _____<br>\$ _____<br>\$ _____<br>Total \$ _____   |     |  |
| <b>CHECKING / SAVINGS</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>1234567890 123 1234567 0001<br>Routing Number      Account Number      Check 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: _____  |   |   |            |   |     |  |
| <b>CREDIT / DEBIT CARD</b>   | Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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.*