

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS



First United Methodist Church

16108581881

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Effective date of authorization: _____

Type of authorization: New authorization Change banking information
 Change donation amount Discontinue electronic donation

Last Name _____

First Name _____

Address _____

City _____

State _____

Zip _____

Please debit my donation from my (check one):
 Checking Account (attach a voided check at the bottom of the page)
 Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3
 Account Number: _____

Date of first donation:
 ____ / ____ / ____

Frequency of donation:
 Monthly on the 16st

Special Instructions:

Fund designations and amounts:

| | |
|--|----------|
| <input type="checkbox"/> Operating Budget | \$ _____ |
| <input type="checkbox"/> Home Fires | \$ _____ |
| <input type="checkbox"/> Partners in Mission | \$ _____ |
| <input type="checkbox"/> Hunger | \$ _____ |
| <input type="checkbox"/> Endowment Fund | \$ _____ |
| | \$ _____ |
| Total | \$ _____ |
| | \$ _____ |

AGREEMENT

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: _____