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 donation amount
- ❑ Change banking information
- ❑ 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

Fund designations and amounts:
- ❑ Operating Budget $ _____
- ❑ Home Fires $ _____
- ❑ Partners in Mission $ _____
- ❑ Hunger $ _____
- ❑ Endowment Fund $ _____
- $ _____
- **Total** $ _____

$ _____

Special Instructions:

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:_____