AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS							
First United Meth	odist Church				16108581881		
FOR OFFICE USE ONLY		ENVELOPE #		DATE	DATE		
Effective date of authoriza	tion:						
Type of authorization:	New authorizationChange donation		nge banking ir ontinue electro				
Last Name			First Name	First Name			
Address			'		4		
City			State	Zip	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 #)			NO. 1 (No. 2) (No. 2) (No. 2) (No. 2)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number:			
Date of first donation:	☐ Monthly on the 16 st		Operating E		\$		
/			Home Fires Partners in Mission Hunger		\$ \$		
Special Instructions:		\$					
opeda maradiona.			☐ Endowment Fund		\$		

AGREEMENT

Authorized Signature:___

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.

Date:

Total \$_____