

# AUTHORIZATION FORM

Central United Methodist Church

16108582167

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: \_\_\_\_\_

Type of Authorization Form:

<input checked="" type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

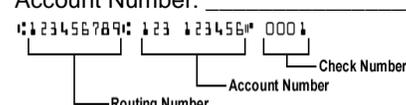
Last Name	First Name
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Address

City	State	Zip
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<b>DATE OF FIRST DONATION:</b> _____/_____/_____	<b>FREQUENCY OF DONATION: (check only one)</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> One-Time Only	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> NOAH \$ _____ <input type="checkbox"/> SIP \$ _____ <input type="checkbox"/> Building Fund \$ _____ <input type="checkbox"/> Organ \$ _____ <input type="checkbox"/> Sanctuary Family \$ _____ <input type="checkbox"/> Other _____ \$ _____  <p style="text-align: right;"><b>Total \$ _____</b></p>
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<b>ONE-TIME CONTRIBUTIONS:</b> <input type="checkbox"/> Easter Offering \$ _____ <input type="checkbox"/> Thanksgiving Offering \$ _____ <input type="checkbox"/> Christmas Offering \$ _____	Date to be transferred ____/____/____ Date to be transferred ____/____/____ Date to be transferred ____/____/____
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<b>CHECKING / SAVINGS</b>	<p><b>Please debit my donation from my (check one):</b></p> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
I authorize Central UMC 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: _____		

<b>CREDIT CARD</b>	<p><b>Please charge my donation to my (check one):</b>    <input checked="" type="checkbox"/> Visa    <input checked="" type="checkbox"/> MasterCard    <input checked="" type="checkbox"/> American Express    <input checked="" type="checkbox"/> Discover Card</p>
<input type="checkbox"/> On-going <input type="checkbox"/> One-Time Only	
Credit Card Number:	Security Code on Back
Name on Card:	Expiration Date:
Billing Address (if different from above):	
I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____	

**Please attach voided check over credit card section above if using checking account.**