Authorization Form

United Methodist Church of Mantua

33631053188

FOR OFFICE USE ONLY	ENVELOPE #	DATE

Type of Authorization Form:

- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking/credit card information
- ❑ Discontinue electronic donation

Last Name	First Name

Address

City	State	Zip

Date of first donation:

_____/_____/_____

Frequency of donation:

- ❑ Semi-Monthly – 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Quarterly on the 1st

Church fund designations and amounts:

- ❑ General Fund $ _____
- ❑ Capital Impovement $ _____
- ❑ Building Fund $ _____

Total $ _____

Special Instructions:

Annual contributions:

- ❑ Lent Offering $ _____ Transferred on ____/____/____
- ❑ Easter Offering $ _____ Transferred on ____/____/____
- ❑ Thanksgiving Offering $ _____ Transferred November 15th
- ❑ Advent Offering $ _____ Transferred on ____/____/____
- ❑ Christmas Offering $ _____ Transferred December 15th
- ❑ Memorial_____ $ _____ Transferred on ____/____/____

CHECKING / SAVINGS

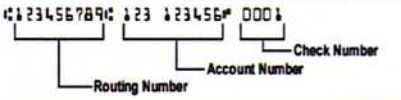
Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



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:_____

CREDIT CARD

Please charge my donation to my (check one): ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover Card

Credit Card Number:	Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____