



# Authorization Form

Central United Methodist Church

37415075584

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking/credit card information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name

First Name

Address

City

State

Zip

Email Address

Date of first donation:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency of donation: (please check only one)

- Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup>
- Monthly on the 1<sup>st</sup>
- Monthly on the 15<sup>th</sup>

Designated amount:

General / Pledge \$ \_\_\_\_\_

Special Instructions:

Annual contribution:

Lukens – Jackson Camp \$ \_\_\_\_\_ Transferred on April 15<sup>th</sup>

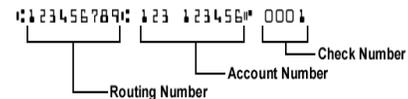
CHECKING / SAVINGS

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 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: \_\_\_\_\_

Please attach voided check here.