

AUTHORIZATION FORM

**First United Methodist Church
North Liberty**



15005552946

FOR OFFICE USE ONLY	ENVELOPE #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> Pledges/General \$ _____ <input type="checkbox"/> We Are Called \$ _____ <input type="checkbox"/> _____ \$ _____ Total \$ _____
ANNUAL CONTRIBUTIONS		
<input type="checkbox"/> Easter offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Christmas offering \$ _____ Date to be transferred ____/____/____		
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ ⑆ 23456789⑆ 23 23456⑆ 0001 Routing Number Account Number Check Number
	I authorize the above organization 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: _____

If using a checking account, please attach a voided check at the bottom of this page.