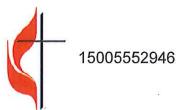
AUTHORIZATION FORM

First United Methodist Church North Liberty



FOR OFFICE USE ONLY ENVELOPE #		DATE			
Effective date of authorization:// Type of authorization: □ New authorization □ Change donation amount □ Change donation date □ Change banking information □ Discontinue electronic donation					donation date
Last Name			First Name		
Address					
City				State	Zip
Email Address					
DATE OF FIRST DONATION: /		FUNDS: Pledges/Genera We Are Called			
ANNUAL CONTRIBUTIONS □ Easter offering \$ Date to be transferred// □ Christmas offering \$ Date to be transferred//					
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:		
	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:				

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