

# AUTHORIZATION FORM FOR AUTOMATIC WITHDRAWAL OF FUNDS



Vicksburg United Methodist Church

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>														
<b>Effective date of authorization:</b> ____/____/____																
<b>Type of authorization:</b> <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																
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>FUNDS:</b></td> <td style="width: 50%;"><b>AMOUNTS:</b></td> </tr> <tr> <td><input type="checkbox"/> General/Operating</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Missions</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sing Out</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td><b>\$ _____</b></td> </tr> </table>	<b>FUNDS:</b>	<b>AMOUNTS:</b>	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> Missions	\$ _____	<input type="checkbox"/> Sing Out	\$ _____	<input type="checkbox"/> _____	\$ _____	<b>Total</b>	<b>\$ _____</b>
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<input type="checkbox"/> Sing Out	\$ _____															
<input type="checkbox"/> _____	\$ _____															
<b>Total</b>	<b>\$ _____</b>															
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account 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.*