



# Authorization Form

Evangelical United Methodist Church

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form:  New authorization  Change banking/credit card information  
 Change donation amount  Discontinue electronic donation  
 Change donation date

Last Name

First Name

Address

City

State

Zip

Email Address

Date of first donation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Frequency of donation: (check one)

- Weekly – Mondays
- Bi-weekly (every other week)
- Monthly on the 1<sup>st</sup>
- Monthly on the 15<sup>th</sup>
- Quarterly
- Annually

Church fund designations and amounts:

- General Operating \$ \_\_\_\_\_
- All Things are Possible Capital Campaign \$ \_\_\_\_\_
- EUM Preschool Tuition \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Special Instructions:

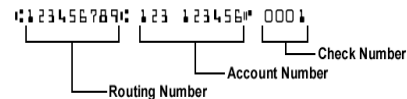
CHECKING / SAVINGS

Please debit my donation from my (check one):

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

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: \_\_\_\_\_

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 church to charge my credit card in accordance with the information above.

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