



Authorization Form

Aldersgate United Methodist Church

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)

- Weekly – Mondays
 Monthly on the 1st

Designated Amount:

General/Operating \$ _____

Special Instructions:

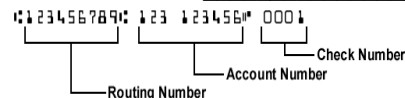
CHECKING / SAVINGS

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: _____