

# Donor Authorization Form

I (we) authorize the financial institution named below to honor periodic withdrawals from my checking/savings/credit card initiated by \_\_\_\_\_ (Benefactor). I (we) authorize, if necessary, the Benefactor to initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until I (we) notify the Benefactor in writing ten (10) banking business days prior to the next periodic withdrawal from my account. In the event a payment is returned due to insufficient funds I (we) will NOT be charged an insufficient funds fee by the Benefactor.

New  Change

## Step 1 - Donor Information *(Print or Type Clearly)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

## Step 2 - Donation Method *(please check one)*

I would like to donate from my Check or Savings Account *(please attach a voided check)*

Financial Institution \_\_\_\_\_

Account Type (Please check one)  Checking  Savings

Routing Number (9 digits)\* \_\_\_\_\_ Account Number\* \_\_\_\_\_

\*The Routing Number and Account Number are located on the bottom of your check

I would like to donate with a credit card

Name on Credit Card \_\_\_\_\_

Credit Card Type (Please check one)  Visa  MasterCard  Discover

Credit Card Number \_\_\_\_\_ Expiration Month \_\_\_\_\_ Expiration Year \_\_\_\_\_

Security Code\* \_\_\_\_\_

\*Visa, Mastercard & Discover Card Users: Flip your card over and look at the signature box. You should see a 16-digit credit card number followed by a special 3-digit code. This 3-digit code is the credit card Security Code.

## Step 3 - Donation Frequency

- One-Time  
 Weekly\*  
 Bi-Weekly - Every 2 (two) weeks\*  
 Monthly - Select day between 1 and 28 \_\_\_\_\_

\*All Weekly and Bi-Weekly donations will occur on Monday. If this day is a banking holiday the donation will occur on the next banking business day.

## Step 4 - Recurring Donation Amount

\$ \_\_\_\_\_ .00

## Step 5 - Signature

The Benefactor places a high value on the trust and confidence you as the Donor place in us, and we consider your privacy our utmost concern. We do not disclose any nonpublic personal information about you to anyone, except as required by law. We may disclose the information we collect to the financial institutions responsible for the withdrawal of funds from your account via Automated Clearing House (ACH). These companies will use this information only for the services for which we have specified, and are not permitted to use or share this information for any other purpose. AT NO TIME WILL WE RENT OR OTHERWISE MAKE AVAILABLE THE PUBLIC OR NONPUBLIC INFORMATION FOR ANY PURPOSE EXCEPT AS DESCRIBED IN THIS NOTICE. If you decide at some point to discontinue the services or become an inactive donor, we will continue to adhere to the privacy policy and practices described in this notice.

I certify that I am authorized to initiate this agreement and that I have read and understand the policies and fees contained in this form.

X Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to:

**Mooresville First United Methodist Church**

900 Indianapolis Rd.  
Mooresville, IN 46158  
(317) 831-3376

