

AUTHORIZATION FORM

Port Orchard United Methodist Church



FOR OFFICE USE ONLY

ENVELOPE/DONOR #

DATE

Effective date of authorization: ____/____/____

- Type of authorization:
- New authorization
 - Change donation amount
 - Change donation date
 - Change banking information
 - Discontinue electronic donation

Last Name

First Name

Address

City

State

Zip

Email Address

Date of first donation:

____/____/____

Frequency of donation: (please check one)

- Monthly on the 1st
- Monthly on the 15th
- Bi-Weekly (every other week)
- One Time

Amount of first donation:

\$

Amount of last donation (optional):

\$

Date of last donation (optional):

____/____/____

CHECKING / SAVINGS

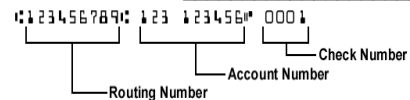
Please debit my donation from my (check one):

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

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

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: _____

CREDIT / DEBIT CARD

Card Brand (check one): Visa MasterCard American Express Discover Card

Card Number:

Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ Date: _____

If using a checking account, please attach a voided check over the credi/debit card section above.