

### Authorization Form For Automatic Withdrawal of Funds

FOR OFFICE USE ONLY: ENVELOPE # \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of first donation:      Frequency of donation: (please check only one)      Church fund designations and amounts:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_       Weekly – Mondays                       General Fund              \$ \_\_\_\_\_  
    Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup>               Building Fund              \$ \_\_\_\_\_  
    Monthly on the 1<sup>st</sup>                                      **Total**      \$ \_\_\_\_\_  
    Monthly on the 15<sup>th</sup>

Special Instructions: \_\_\_\_\_

Annual contributions:  
 Easter Offering      \$ \_\_\_\_\_      Transferred on April 1<sup>st</sup>  
 Christmas Offering      \$ \_\_\_\_\_      Transferred on December 15<sup>th</sup>  
 Memorial Offering      \$ \_\_\_\_\_      Transferred on \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Please debit my donation from my (check one):  
 Savings Account (contact your financial institution for Routing #)  
 Checking Account (attach a voided check)

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
*Valid Routing # must start with 0, 1, 2, or 3*

I authorize the above **First United Methodist Church** and **Vanco Services, LLC** to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable written notification to change or terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE ATTACH A VOIDED CHECK (checking account authorization)  
OR DEPOSIT SLIP (savings account authorization) HERE.**  
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