



**St. Paul United
Methodist Church**

Authorization Form

80305471268

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

Date of first donation: _____/_____/_____

Frequency of donation: (please check only one)

Church fund designations and amounts:

- Semi-Monthly – 1st and 15th
- Monthly on the 1st
- Monthly on the 15th
- Quarterly on the 1st
- Weekly on Fridays
- Weekly on Mondays

General Fund \$ _____
 Capital Campaign \$ _____
Total \$ _____

Special Instructions:

Annual contributions:

- Easter Offering \$ _____ Transferred on April 1st
- Christmas Offering \$ _____ Transferred on December 15th
- _____ \$ _____ Date to be transferred ____/____/_____

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: _____
⑆123456789⑆ 123 123456⑆ 0001
Routing Number Account Number Check Number

I authorize the above 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 notification to terminate the authorization.

Authorized Signature: _____ Date: _____