

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS



Wesley United Methodist Church

20070697224

FOR OFFICE USE ONLY	ENVELOPE #	DATE
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Effective date of authorization: _____

Type of authorization:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check at the top of the page) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
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Date of first donation: ____/____/____ -	Frequency of donation: (check only one) <input type="checkbox"/> Weekly – Fridays <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semimonthly on the 5 th and 20 th <input type="checkbox"/> Monthly on the 5 th <input type="checkbox"/> Monthly on the 20 th	Fund designations and amounts: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Capital \$ _____ Improvements \$ _____ <input type="checkbox"/> Apportionments \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <p align="right">Total \$ _____</p>
Special Instructions:		

AGREEMENT

I authorize **Wesley 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 notification to terminate the authorization.

Authorized Signature: _____
 Date: _____

Please attach a voided check or savings deposit slip.