|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Authorization ForM  **Name of the organization: St. Georges United Methodist Church** | | | | | | | | | | | | | | umlogo_color | | | | | |
| **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:**   * Weekly – Mondays * Semi-Monthly – 1st and 15th * Monthly on the 1st * Monthly on the 15th | | | | | | **FUNDS:**   * General/Operating * Building * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Total** | | | | | | **AMOUNTS:**  $\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_  **$\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ chk_inf1 | | | | | | | |
| 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 credit/debit card section above.***