



**St. Matthew's United
Methodist Church**

Authorization Form

80305470710

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)

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

Church fund designations and amounts:

- General Operating Fund \$ _____
- Capital Improvements \$ _____
- Joy Fund \$ _____

Special Instructions:

Total \$ _____

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: _____

 1234567890 123 1234567 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: _____

CREDIT CARD

Please charge my donation to my (check one): Visa MasterCard American Express Discover Card

Credit Card Number:

Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.

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

Optional – Pay an additional 3% to defray credit card processing fees \$ _____

Please return this form to the church office for processing.