



Authorization Form

Orange City United Methodist Church, Inc.

FOR OFFICE USE ONLY	ENVELOPE #	DATE
Type of Authorization Form: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking/credit card information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State Zip
Email Address		
Date of first donation: ____ / ____ / ____	Frequency of donation: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 5 th and 20 th <input type="checkbox"/> Monthly on the 5 th	Church fund designations and amounts: <input type="checkbox"/> 101 General \$ _____ <input type="checkbox"/> 195 Mortgage \$ _____ <input type="checkbox"/> Other _____ \$ _____ <input type="checkbox"/> Other _____ \$ _____
Special Instructions: 		Total \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <div style="text-align: center; font-size: small;"> <p> ⑆ 23456789 ⑆ 23 23456 0001 Routing Number Account Number Check Number </p> </div>
	I authorize the above church 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 a deposit slip for the account showing the Routing Number and the Account Number.