



Authorization Form

Arise United Methodist Church

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: (please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Church fund designations and amounts: <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Capital Fund \$ _____ <div style="text-align:right">Total \$ _____</div>
Special Instructions:		

Annual contributions:

<input type="checkbox"/> Easter Offering	\$ _____	Transferred on April 1 st
<input type="checkbox"/> Christmas Offering	\$ _____	Transferred on December 15 th

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 below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> ⑆ 23456789 ⑆ 23 23456* 000 ⑆ Routing Number Account Number Check Number </small>
	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: _____	

