

ELECTRONIC GIVING AUTHORIZATION



UNITED METHODIST CHURCH OF ANOKA

Effective date of authorization: ____/____/____			
Type of authorization:		<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount
		<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ____/____/____	DATES OF DONATION: <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	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Apportionments <input type="checkbox"/> Building Fund – Repairs <input type="checkbox"/> Capital Campaign – Elevator TOTAL WITHDRAWAL	AMOUNTS – EACH TIME: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
ANNUAL CONTRIBUTIONS – ONE-TIME ONLY			
<input type="checkbox"/> APPORTIONMENTS	\$ _____	Date to be transferred	____/____/____
<input type="checkbox"/> CAPITAL CAMPAIGN	\$ _____	Date to be transferred	____/____/____
<input type="checkbox"/> EASTER OFFERING	\$ _____	Date to be transferred	____/____/____
<input type="checkbox"/> CHRISTMAS OFFERING	\$ _____	Date to be transferred	____/____/____
CHECKING / SAVINGS	Please debit my donation from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small> ⑆ 23456789 ⑆ 23 234567 000 ⑆ Routing Number Account Number Check Number </small>
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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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 above.