

AUTHORIZATION FORM



AUDUBON UNITED METHODIST CHURCH

Updated 05/2021

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: ____/____/____

Type of authorization:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change donation date
<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation	

Last Name	First Name(s)		
Address			
City	State	Zip	Email

<p>DATE OF FIRST DONATION: ____/____/____</p> <p>FREQUENCY OF DONATION:</p> <p><input type="checkbox"/> Weekly – Mondays</p> <p><input type="checkbox"/> Semi-Monthly – 1st and 15th</p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p>	<p><small>*There is a 2.75% Processing fee and 45¢ transmission fee for Credit Card donations</small></p>	<p>FUNDS:</p> <p><input type="checkbox"/> Tithe/Envelope \$ _____</p> <p><input type="checkbox"/> Repair & Maintenance \$ _____</p> <p><input type="checkbox"/> R&M Capital Improvement . . . \$ _____</p> <p><input type="checkbox"/> Walker/Bowen/Betts Scholarship . . \$ _____</p> <p><input type="checkbox"/> Shared Ministry/Missions \$ _____</p> <p><input type="checkbox"/> A Future With Hope \$ _____</p> <p><input type="checkbox"/> Miracles--Covid Relief Fund . . \$ _____</p> <p><input type="checkbox"/> *Offset Credit Card Fees \$ _____</p> <p style="text-align: right;">Total \$ _____</p>
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ANNUAL CONTRIBUTIONS

<input type="checkbox"/> Lenten Offering	\$ _____	Date to be transferred	____/____/____
<input type="checkbox"/> Easter offering	\$ _____	Date to be transferred	____/____/____
<input type="checkbox"/> Thanksgiving offering	\$ _____	Date to be transferred	____/____/____
<input type="checkbox"/> Advent Offering	\$ _____	Date to be transferred	____/____/____
<input type="checkbox"/> Christmas offering	\$ _____	Date to be transferred	____/____/____

CHECKING / SAVINGS	<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p><i>If using a checking account, please attach a voided check over the credit/debit card section above</i></p>	<p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <div style="text-align: center; font-size: small;"> </div>
<p>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..</p> <p>Authorized Signature: _____ Date: _____</p>		

CREDIT / DEBIT CARD*	<p>Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card</p> <p>Card Number: _____ Expiration Date: _____</p> <p>Name on Card: _____</p> <p>Billing Address (if different from above): _____</p> <p>I authorize the above organization to process transactions in accordance with the information above.</p> <p>Signature (as it appears on the card): _____ Date: _____</p>
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