



Authorization Form

12335547528

United Methodist Church
304 North Egan Avenue
Madison, SD 57042

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"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Semi-monthly on the 1 st and 15 th	Church fund designations and amounts: <input type="checkbox"/> Current Expenses \$ _____ <input type="checkbox"/> Missions \$ _____ <input type="checkbox"/> Church Improvement \$ _____ <div style="text-align: right;">Total \$ _____</div>
Special Instructions:		
Checking Account Information: Please debit my donation from my 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 ⑆ 000 ⑆ Routing Number Account Number Check Number </p> </div>
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: _____

Contact the church office at 605-256-2162 with any questions.

Return this form and a voided check to the church office. You will be contacted by the church when this authorization has been activated.