Authorization Form

Glenview United Methodist Church

11011516083

FOR OFFICE USE ONLY	ENVELOPE #	DATE

Type of Authorization Form:

- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip

Date of first donation:

_____/_____/_____

Frequency of donation: (please check only one)

- ❑ Weekly on Monday
- ❑ Semi-Monthly – 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th

Church fund designations and amounts:

- ❑ General Operating $ _____
- ❑ Other _____ $ _____

Total $ _____

Annual contributions:

❑ Easter Offering	$ _____	Transferred on April 1st
❑ Thanksgiving Offering	$ _____	Transferred on November 15th
❑ Christmas Offering	$ _____	Transferred on December 15th
❑ _____	$ _____	Transferred on _____

CHECKING / SAVINGS

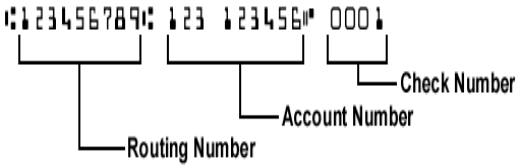
Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check or a copy of a check)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above church and its processor, Vanco Services, 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:_____

11-07 Rev. 1

Please attach voided check or copy of a check here.