



# Authorization Form

## Meriden United Methodist Church

54225796865

FOR OFFICE USE ONLY	ENVELOPE #	DATE
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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 \_\_\_\_\_

<b>Date of first donation:</b> ____/____/____	<b>Frequency of donation:</b> (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>Church fund designations and amounts:</b> <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Building Fund \$ _____ <input type="checkbox"/> Parking Fund \$ _____ <input type="checkbox"/> Audio/Video Fund \$ _____
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**Special Instructions:** \_\_\_\_\_ **Total \$** \_\_\_\_\_

**Annual contributions:**

<input type="checkbox"/> Christmas Eve Offering	\$ _____	Transferred on December 24 <sup>th</sup>
<input type="checkbox"/> Mission Offering	\$ _____	Transferred on ____/____/____

<b>CHECKING / SAVINGS</b>	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)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	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: _____	

<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the above church to charge my credit card in accordance with the information above.
	Signature (as it appears on the credit card): _____ Date: _____