



Authorization Form

Elkhart Faith United Methodist Church

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form:

- New authorization
- Change donation amount
- Change donation date
- Change banking/credit card information
- Discontinue electronic donation

Last Name

First Name

Address

City

State

Zip

Email Address

Date of first donation:

____/____/____

Frequency of donation: (please check only one)

- Weekly - Mondays
- Semi-Monthly - 1st and 15th
- Monthly on the 1st
- Monthly on the 15th

Church fund designations and amounts:

- General/Operating \$ _____
- Building \$ _____
- Down w/Debt \$ _____
- Missions \$ _____

Total \$ _____

CHECKING / SAVINGS

Please debit my donation from my (check one):

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

Routing Number: _____

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

Account Number: _____

⑆ 23456789⑆ 123 123456⑆ 000⑆

Routing Number Account Number Check Number

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: _____