



**Baker Memorial United
Methodist Church**

Authorization Form

11005519667

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form: New authorization Change banking/credit card information
 Change donation amount Discontinue electronic donation
 Change donation date

Last Name

First Name

Address

City

State

Zip

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:

- Operating \$ _____
- Debt Reduction \$ _____

Total \$ _____

Special Instructions:

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: _____
 1234567890 123 1234567 0001
 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: _____

DEBIT / CREDIT CARD

Please charge my donation to my (check one): Visa MasterCard Discover Card

Debit / Credit Card Number:

Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above church and Vanco Services, LLC to charge my debit / credit card in accordance with the information above.

Signature (as it appears on the debit / credit card): _____ Date: _____