Authorization Form

First United Methodist Church of Brandon

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 one)

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

Special Instructions:

Church fund designations and amounts:

- ❑ General Fund $ _____
- ❑ The Well $ _____
- ❑ God's Future $ _____
- ❑ Missions (specify)_____ $ _____
- ❑ Ministry (specify)_____ $ _____
- ❑ Children's Home $ _____
- ❑ Good Samaritan $ _____
- ❑ Miscellaneous/Other $ _____

Total $ _____

Annual contributions:

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

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: _____

⑆123456789⑆ 123 ⑈123456⑈ 0001

Routing Number — Account Number — Check 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:_____

CREDIT CARD

Please charge my donation to my (check one): ❑ Visa ❑ MasterCard ❑ American Express ❑ 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: _____