

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS



Colonial Hills United Methodist Church

59230763898

FOR OFFICE USE ONLY		DONOR #	DATE
Effective date of authorization: _____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking 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
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check at the top of the page) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____	
Date of first donation: _____/_____/_____	Frequency of donation: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Fund designations and amounts: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Communion \$ _____ <input type="checkbox"/> Endowment \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p align="right">Total</p>	
Special Instructions:			
AGREEMENT 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: _____			

Please attach voided check
or saving account deposit slip here