



**Good Shepherd United
Methodist Church**

Authorization Form

16112580671

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:

- Weekly on Mondays
- Bi-weekly
- Semi-Monthly – 1st and 15th
- Monthly on the 1st
- Monthly on the 15th
- Quarterly on the 1st

Church fund designations and amounts:

- General/Appportionments \$ _____
- Capital Improvements \$ _____
- Building Renovation \$ _____
- Other _____ \$ _____

Special Instructions:

Total \$ _____

Annual contributions:

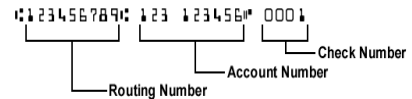
- Easter Offering \$ _____ Transferred on April 1st
- Thanksgiving \$ _____ Transferred on November 15th
- Christmas \$ _____ Transferred on December 15th

CHECKING / SAVINGS

Please debit my donation from my (check one):

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

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

Account 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: _____

Please attach voided check here.