



# Authorization Form

Arlington Hills United Methodist Church

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form:

|   |   |
|---|---|
| <input type="checkbox"/> New authorization      | <input type="checkbox"/> Change banking/credit card 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

Email Address

Date of first donation:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency of donation: (please check only one)

- Weekly – Mondays  
 Monthly on the 1<sup>st</sup>  
 Quarterly

Church fund designations and amounts:

Unified Budget \$ \_\_\_\_\_

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: \_\_\_\_\_

⑆ 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: \_\_\_\_\_