## AUTHORIZATION FORM VANCO SERVICE



## **New Palestine United Methodist Church**

FOR OFFICE USE ONLY			DATE		
		New authorization	hange donation amount iscontinue electronic donation		
Last Name			First Name		
Address					
Cit	у			State	Zip
Email Address					
		FREQUENCY OF DONATION:  Weekly – Mondays  Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> Monthly on the 1 <sup>st</sup> Monthly on the 15 <sup>th</sup>	FUNDS:  General/Operating Building Missions Other	\$ \$	
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:    1, 234567841, 23 3234561 000 3    Check Number    Routing Number		
	I authorize the above organization 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:		

If using a checking account, please attach a voided check at the bottom of this page.