



Authorization Form

Shelburne United Methodist Church

31523045144

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 only one)

- ☐ Weekly – Mondays
☐ Bi-weekly (every other week)
☐ Monthly on the 1st
☐ Monthly on the 15th
☐ Annually

Church fund designations and amounts:

- ☐ General/Operating \$ _____
☐ Building \$ _____
☐ Other _____ \$ _____

Total \$ _____

Special Instructions:

Annual contributions:

- ☐ Easter Offering \$ _____ Transferred on April 1st
☐ 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: _____

⑆ 0123456789⑆ 123 456789 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: _____