

Woodridge United Methodist Church
11005519736

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| For Office Use Only | Envelope # | Date |
| Member Authorization Form Effective Date: _____ <input type="checkbox"/> New Authorization <input type="checkbox"/> Change Contribution Amount <input type="checkbox"/> Change Contribution Date <input type="checkbox"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Giving | | |
| Name of Member (Please Print) | | |
| Address | | |
| City | State | Zip |
| Regular Contribution <input type="checkbox"/> Semi-Monthly (Transferred on the 2 st & 21 st) <input type="checkbox"/> Monthly (Transferred on either the 2 st , or 21 st) CIRCLE ONE: 2 st 21 st <input type="checkbox"/> Quarterly (The 2 st of the month beginning _____) General Fund \$ _____ Building Fund \$ _____ Outreach \$ _____ Total Contribution Amount \$ _____ | | Annual Contributions Easter Offering \$ _____ (Transferred April 2 nd) Christmas \$ _____ (Transferred December 21st) |
| Please take my contribution directly from the account specified: <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (attach a savings deposit slip) | | |
| Routing #: _____ Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols □:□: | | Account #: _____ |
| I authorize Woodridge United Methodist Church and Vanco Services, LLC to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization. | | |
| Authorized signature on my account: | | Date: |
| Please attach a voided check or savings deposit slip. | | |