

Authorization Form for Electronic Giving



**GRACE UNITED
METHODIST CHURCH**

FOR OFFICE USE ONLY	ENVELOPE #	DATE
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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 _____

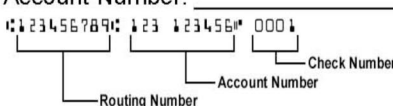
City _____ State _____ Zip _____

Email Address _____

Date of first donation: _____ / _____ / _____	Frequency of donation: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15th	Church fund designations and amounts: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Capital Campaign \$ _____ <input type="checkbox"/> Permanent Endowment \$ _____ <input type="checkbox"/> Other _____ \$ _____
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Special Instructions: _____

Total \$ _____

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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: _____		

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
Credit Card Number: _____ Expiration Date: _____	
Name on Card: _____ CSV (Number on back of card) <input style="width: 50px;" type="text"/>	
Billing Address (if different from above): _____	
I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____	

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