Authorization Form

Riverside United Methodist Church

53228769601

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

Date of first donation:

_____/_____/_____

Frequency of donation:

- ❑ Weekly on Mondays
- ❑ Semi-Monthly – 1st and 15th
- ❑ Bi-weekly
- ❑ Monthly on the 1st

Special Instructions:

Church fund designations and amounts:

- ❑ Tithes and Offering $ _____
- ❑ Apportionments $ _____
- ❑ Building/Maintenance $ _____
- ❑ Care and Nurture $ _____
- ❑ Christian Education $ _____
- ❑ Music $ _____

Total **$ _____**

Annual contributions:

- ❑ Easter Offering $ _____ Transferred on April 1st
- ❑ Christmas Offering $ _____ Transferred on December 15th
- ❑ Anniversary $ _____ Date to be transferred ____/____/____

CHECKING / SAVINGS

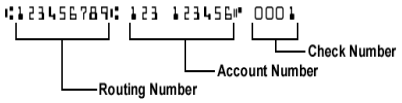
Please debit my donation from my (check one):

- ❑ 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: _____



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:_____

Please attach voided check here.