

# AUTHORIZATION FORM



Name of the organization: **WHITNEY UNITED METHODIST CHURCH**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE																
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation																		
Last Name		First Name																
Address																		
City		State      Zip																
Email Address																		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<table style="width: 100%;"> <tr> <th style="text-align: left;">FUNDS:</th> <th style="text-align: left;">AMOUNTS:</th> </tr> <tr> <td><input type="checkbox"/> General/Operating</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Moving Forward</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Family Life Ministries</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Food Ministries</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Apportionments</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Joseph's Closet</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td><b>\$ _____</b></td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Moving Forward	\$ _____	<input type="checkbox"/> Family Life Ministries	\$ _____	<input type="checkbox"/> Food Ministries	\$ _____	<input type="checkbox"/> Apportionments	\$ _____	<input type="checkbox"/> Joseph's Closet	\$ _____	<b>Total</b>	<b>\$ _____</b>
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<b>Total</b>	<b>\$ _____</b>																	
<b>CHECKING / SAVINGS</b>	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 below)																	
	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1 2 3 4 5 6 7 8 9 0</span> <span>1 2 3 4 5 6</span> <span>0 0 0 1</span> </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>Routing Number</span> <span>Account Number</span> <span>Check Number</span> </div>																	
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: _____																		
<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card																	
	Card Number:	Expiration Date:																
	Name on Card:																	
	Billing Address (if different from above):																	
	I authorize the above organization to process transactions in accordance with the information above.  Signature (as it appears on the card): _____ Date: _____																	

*If using a checking account, please attach a voided check over the credit/debit card section above.*