



Authorization Form

**First United Methodist
Church of Santa Barbara**

92235884147

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking/credit card information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name

First Name

Address

City

State

Zip

Email Address

Phone No

Date of first donation:

____/____/____

Frequency of donation: (please check only one)

- Semi-monthly on the 1st and the 15th
- Monthly on the 1st
- Monthly on the 15th

Church fund designations and amounts:

General Fund -Envelopes \$ _____

Total \$ _____

Special Instructions:

Annual contributions:

- Easter Offering \$ _____
- Christmas Offering \$ _____

Transferred on April 1st

Transferred on December 15th

CHECKING / SAVINGS

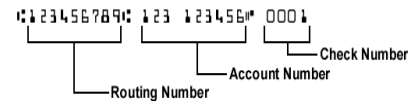
Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)
- Checking Account (attach a voided check 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.