



Authorization Form

Centenary United Methodist Church

20055694460

FOR OFFICE USE ONLY

ENVELOPE #

DATE

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: (please check only one)

- Weekly on Monday
 Semi-Monthly – 1st and 15th
 Monthly on the 1st
 Monthly on the 15th

Church fund designations and amounts:

- General Fund \$ _____
 Apportionments \$ _____
 Mission \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Special Instructions:

Total \$ _____

Annual contributions:

- Easter Offering \$ _____ Transferred on April 1st
 Christmas Offering \$ _____ 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: _____

 Routing Number Account Number Check Number

I authorize the above church 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.