



# 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 – 1<sup>st</sup> and 15<sup>th</sup>  
 Monthly on the 1<sup>st</sup>  
 Monthly on the 15<sup>th</sup>

**Church fund designations and amounts:**

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

**Special Instructions:**

**Total** \$ \_\_\_\_\_

**Annual contributions:**

- Easter Offering \$ \_\_\_\_\_ Transferred on April 1<sup>st</sup>  
 Christmas Offering \$ \_\_\_\_\_ Transferred on December 15<sup>th</sup>

**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: \_\_\_\_\_  
  
⑆ 1 2 3 4 5 6 7 8 9 0 ⑆ 1 2 3 ⑆ 1 2 3 4 5 6 ⑆ 0 0 0 ⑆  
 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.**