

AUTHORIZATION FORM

Orchard United Methodist Church
30450 Farmington Road
Farmington Hills, Michigan 48334



FOR OFFICE USE ONLY	ENVELOPE #	DATE	
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking or credit card information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (please check only one) <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Monthly on the 25 th <input type="checkbox"/> Quarterly	Church Fund Designations: <input type="checkbox"/> Offering/Tithes <input type="checkbox"/> Debt Reduction <input type="checkbox"/> Special	AMOUNTS: \$ _____ \$ _____ \$ _____ Total \$ _____
CHECKING / SAVINGS	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)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 1234567890 123 12345678 0001 Routing Number Account Number Check Number
	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: _____		
CREDIT / DEBIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
	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: _____		