United Methodist Church of the Disciple		**Vanco ID # 52220739171**
For Office Use Only	Envelope #	Date

Member Authorization Form

Effective Date: _____

- ❑ New Authorization
- ❑ Change Contribution Amount
- ❑ Change Contribution Date
- ❑ Change Financial Institution Account
- ❑ Discontinue Electronic Giving

Name of Member (Please Print)

Address

City	State	Zip

FOR AUTOMATIC DEBIT FROM BANK ACCOUNT

Regular Contribution

- ❑ Weekly (Transferred on Mondays)
- ❑ Semimonthly (Transferred on the 1st & 15th)
- ❑ Monthly (Transferred on either the 1st or the 15th)
  CIRCLE ONE: 1ST 15TH
- ❑ Quarterly (The 1st of the month beginning _____)

Amount $_____

Annual Contributions

Easter Offering $_____
(Transferred April 1st)

Christmas $_____
(Transferred December 15th)

Special _____ $_____
Date of Transfer _____

Please take my contribution directly from the account specified:

- ❑ Checking Account (attach a voided check)
- ❑ Savings Account (attach a savings deposit slip)

Routing #:
Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols ⑆:

Account #:

I authorize **United Methodist Church of the Disciple** and **Vanco Services, LLC** to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: Date:

Please attach a voided check or savings deposit slip.

FOR AUTOMATIC CHARGES TO CREDIT CARD

Regular Contribution

- ❑ Monthly (Processed on the 1st)
- ❑ Quarterly (Processed the 1st of the month beginning _____)

Amount $_____

Annual Contributions

Easter Offering $_____
(Processed April 1st)

Christmas $_____
(Processed December 15th)

Special _____ $_____
Date of Transfer _____

Credit Card type: Visa MC AmEx Disc (circle one) Expiration Date:

Credit Card Number:

I authorize **United Methodist Church of the Disciple** to process charges against my credit card. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature: Date: