

# EFT CONTRIBUTION AUTHORIZATION FORM



Name of the organization: **Newburg United Methodist Church**

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE #</b>	<b>DATE</b>
Effective date of authorization: ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Quarterly on the 1 <sup>st</sup> <input type="checkbox"/> Quarterly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> Current <input type="checkbox"/> Building  <b>AMOUNTS:</b> \$ _____ \$ _____  <b>Total\$</b> _____
<b>A C C O U N T  I N F O R M A T I O N</b>	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 below) <input type="checkbox"/> Credit card	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard    Card Number: _____ <input type="checkbox"/> Discover        Exp. Date: _____  <b>Name and address above must be cardholder's name and billing address.                  The church is charged merchant fees for credit card use. Please consider increasing your contribution to offset these fees.</b>
	I authorize the above organization to process debit entries to my account or charge my credit card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____		Date: _____

*If using a checking account, please attach a voided check at the bottom of this page.*