



**Bethany of Fox Valley
United Methodist Church**

Authorization Form

11005500236

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

Date of first donation:

____/____/____

Frequency of donation: (please check only one)

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

Church fund designations and amounts:

- General/Operating Fund \$ _____
- Building Fund \$ _____
- Other _____ \$ _____

Special Instructions:

Annual contributions:

- Easter Offering \$ _____ Transferred on April 1st
- Christmas Offering \$ _____ Transferred on December 15th
- Joash Offering \$ _____ Date to be transferred ____/____/____

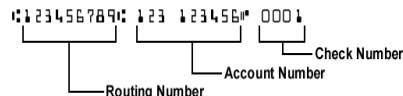
CHECKING / SAVINGS

Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)
- Checking Account (attach a voided check)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above church and Vanco Services, LLC 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: _____