



**Mt. Lebanon United
Methodist Church**

Authorization Form

36045101308

FOR OFFICE USE ONLY

ENVELOPE #

DATE

- Type of Authorization Form:
- New authorization
 - Change donation amount
 - Change donation date
 - Change banking/credit card information
 - Discontinue electronic donation

Last Name

First Name

Address

City

State

Zip

Date of first donation:

____/____/____

Frequency of donation:

(please check only one)

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

Church fund designations and amounts:

- General/Operating \$ _____
- Food Pantry \$ _____
- Family Emergency \$ _____
- Building \$ _____
- Weekday Ministries Tuition \$ _____
- _____ \$ _____

Special Instructions:

Total \$ _____

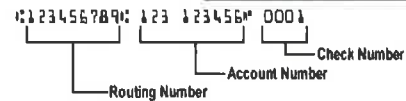
CHECKING / SAVINGS

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: _____

CREDIT CARD

Please charge my donation to my (check one): Visa MasterCard American Express Discover Card

Credit Card Number:

Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

Please return this form to the church office for processing.