AUTHORIZATION FORM FOR ELECTRONIC GIVING

Name of the organization: <u>Auburn United Methodist Church 16130588541</u>



FOR OFFICE USE ONLY:		ENVELOPE/DONOR #		DATE			
To have your giving done electronically please fill out the information below:							
Effective date of authorization:// Type of authorization:							
Last Name				First Name			
Address							
City					State	Zip	
Email Address							
DONATION: U Weel			ENCY OF DONATION: kly – Mondays nly on the		AMOUNT: perating \$		
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)			Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Account Number Routing 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:						

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