

Authorization Form

Monson Community United Methodist Church

FOR OFFICE USE ONLY					ENVELOPE#				DATE			
Type of Authorization Form: New authorization Change dona Change dona			ation amount Discontinue				nking/credit card information electronic donation					
Last Name First Name												
Address												
City								State	7	Zip		
Email Address												
	te of first donation:		_	Weekly Bi-week Monthly	– Monda	y other wee 1 st		k only one)	Ch		\$_	
CHECKING / SAVINGS	Please debit my donation from my (check one Savings Account (contact your financial ins Checking Account (attach a voided check)					Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1.234567891. 2.3 1.23456* 0001 Check Number Routing Number Check Number						
	I authorize the above chu remain in effect until I pro Authorized Signature:	rch a	nd Va reasor	nco Ser nable no	vices, LL tification	C to proces to terminat	s deb	it entries to m authorization.	y acco	ount. I understand the	at th	is authority will
CREDIT CARD	Please charge my donation Credit Card Number:	n to	my (ch	neck one)):	☐ Visa		MasterCard		American Express iration Date:		Discover Card
	Name on Card:											
	Billing Address (if different	from a	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 cr	edit ca	rd):						Date:		