



Clarkston
United Methodist Church

Electronic Giving Authorization Form

AUTHORIZATION FORM



**CLARKSTON UNITED METHODIST CHURCH
SHELBY GIVING SOLUTIONS**

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE		
Effective date of authorization: ____/____/____						
Type of authorization: <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						
DATE OF FIRST DONATION: ____/____/____		FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Capital Campaign <input type="checkbox"/> _____		
				AMOUNTS: \$ _____ \$ _____ \$ _____ Total \$ _____		
CHECKING / SAVINGS	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)			Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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: _____ Date: _____					
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card					
	Card Number:			Expiration Date:		
	Name on Card:			Security Code:		
	Billing Address (if different from above):					
	I authorize the above organization to process transactions in accordance with the information above.					
Signature (as it appears on the card): _____ Date: _____						

If using a checking account, please attach a voided check over the credit/debit card section above.



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE	
Effective date of authorization: ____/____/____ Type of authorization: <div style="text-align: center; margin-top: 20px;"> <input type="checkbox"/> Discontinue Vanco electronic donations </div>			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
	I authorize the above organization to discontinue processing debit entries to my account. I understand that I am providing reasonable notification to terminate all prior authorizations for Vanco Payment Solutions electronic giving.		
	Authorized Signature: _____ Date: _____		