

# AUTHORIZATION FORM



Name of the organization:  
**Zion United Methodist Church**

You also can sign up for EFT giving on-line at our web site. <http://www.ZionUMCCambridge.org/EFT>

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: ____/____/____  Date of last donation (optional): ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> One Time	Amount of first donation:                      \$ ____  Amount of last donation (optional):                      \$ ____
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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____	

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

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