



**Holy Covenant  
United Methodist  
Church**

**Authorization Form**

**11011515864**

**FOR OFFICE USE ONLY**

**ENVELOPE #**

**DATE**

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

Last Name

First Name

Address

City

State

Zip

**Date of first donation:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Frequency of donation:** (please check only one)

- Weekly – Mondays
- Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup>
- Monthly on the 1<sup>st</sup>

**Designated amount:**

General Fund \$ \_\_\_\_\_

**Special Instructions:**

**CHECKING / SAVINGS**

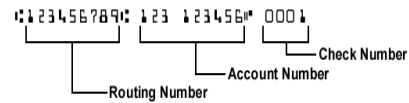
Please debit my donation from my (check one):

- 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.***