

# AUTHORIZATION FORM



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

FOR OFFICE USE ONLY	ORDER REQUEST FORM #	DATE
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization		
Last Name		First Name
Address		
City		State                      Zip
Email Address		
<b>DATE OF FIRST DONATION:</b> ____/____/____		
<b>ONE-TIME CONTRIBUTION</b> <input type="checkbox"/> Engraved Paver                      \$ _____                      Date to be transferred ____/____/____ <input type="checkbox"/> Project Order		
<b>CHECKING / SAVINGS</b>	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: _____ <small>             ⑆ 23456789 ⑆ 23 ⑆ 234567 000 ⑆              └──────────┘ └──────────┘ └──────────┘              Routing Number                      Account Number                      Check Number           </small>
	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: _____	
<b>CREDIT / DEBIT CARD</b>	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:	
	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.*