## **AUTHORIZATION FORM**

Authorized Signature:\_

## Name of the organization: Brunswick United Methodist Church

					Client	ID: 1711	2640707
FC	OR OFFICE USE ONLY	ENVELOPE/DONOR	ENVELOPE/DONOR #		DATE		
		// New authorization Change banking information		Change donation amount Discontinue electronic donat	ion	Change dor	nation date
La	st Name		First Name				
Address							
Cit	у				State		Zip
Email Address							
DATE OF FIRST DONATION:		FREQUENCY OF DONATION:  Weekly – Mondays  Semi-Monthly – 1st and 15th  Monthly on the 1st  Monthly on the 15th		FUNDS:  General/Operatin		\$	
CHECKING / SAVINGS	Please debit my donation from my (check one):  Savings Account (contact your financial institution for Routing #)  Checking Account (attach a voided check below)		Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:    123 4567891: 123 1234561* 0001   Check Number    Account Number   Check N				
HECK	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.						

Return to Jeanne Ullmer, Financial Secretary, Brunswick United Methodist Church

Date:

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