AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Wesley Freedom United Methodist Church **38112166133**

Last Name	First Name	
Address		
City	State	Zip

Please debit my contribution from my (check one):

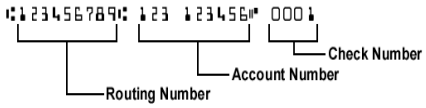
❑ Checking Account (attach a voided check)

❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



Date of first contribution:

_____/_____/_____

Frequency of contribution: (please check only one)

❑ Weekly – Mondays

❑ Semi-Monthly - 1st and 15th

❑ Monthly on the 1st

❑ Monthly on the 15th

Amount of Contribution:

$ _____ General Fund

$ _____ Capital Campaign

$_____Missions

Special Instructions:

AGREEMENT

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:_____

PLEASE RETURN YOUR COMPLETED FORM:

During worship: In the collection plate or the hospitality desk.

Any other time: The Church Office.

Attaching a voided check is recommended, but not required.