

For Office Use Only	Envelope # _____	Date _____
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Member Authorization Form

Effective Date: _____

- New Authorization
- Change Contribution Amount

- Change Contribution Date
- Change Financial Institution Account
- Discontinue Electronic Giving

Name of Member (Please Print) _____

Address _____

City _____

State _____

Zip _____

Regular Contribution

- Weekly (Transferred on Mondays)
- Semimonthly (Transferred on the 1st & 15th)
- Monthly (Transferred on either the 1st or the 15th)
CIRCLE ONE: 1ST 15TH
- Quarterly (The 1st of the month beginning _____)

General Fund \$ _____

Building Fund \$ _____

Missions Fund \$ _____

Total Contribution Amount \$ _____

Annual Contributions

Easter Offering \$ _____
(Transferred April 1st)

Christmas \$ _____
(Transferred December 15th)

Other _____ \$ _____

Date of Transfer _____

Please take my contribution directly from the account specified:

- Checking Account (attach a voided check)
- Savings Account (attach a savings deposit slip)

Routing #: _____
Routing number must start with 0, 1, 2, or 3, is 9 digits long,
and is located at bottom of check between these symbols □:□:

Account #: _____

I authorize Solon United Methodist Church and Vanco Services, LLC to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: _____

Date: _____

Please attach a voided check or savings deposit slip.