

Authorization Agreement for Automatic Withdrawal of Funds

Envelope #: _____ (leave blank if not applicable)

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Please debit my contributions from my (check one) Checking Account (attach voided check*)

Savings Account (attach savings deposit slip*)

Routing Number: _____ Account Number: _____

Regular Contributions:

<u>Church Fund</u>	<u>Dollar Amount</u>	<u>Frequency</u>	<u>Start Date</u>
<input type="checkbox"/> General Fund	\$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly – 1 st or 15 th (circle one)	_____/_____/_____ _____
<input type="checkbox"/> Building Fund	\$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly – 1 st or 15 th (circle one)	_____/_____/_____ _____
<input type="checkbox"/> Missions	\$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly – 1 st or 15 th (circle one)	_____/_____/_____ _____
<input type="checkbox"/> Sing Out	\$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly – 1 st or 15 th (circle one)	_____/_____/_____ _____
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly – 1 st or 15 th (circle one)	_____/_____/_____ _____
Name the Fund: _____			
Total Dollar Amount: \$ _____			

I authorize **Vicksburg United Methodist Church** and **Vanco Services, LLC** to process debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make any changes to the above information, I promise to notify **Vicksburg United Methodist Church** within a reasonable length of time. I understand that there will be a \$3.00 fee automatically charged to my account for every transaction returned due to insufficient funds (NSF). I have attached a voided check or savings deposit slip below.

Signature: _____ Date: _____

*Please note: Only attach a voided check or savings deposit slip if you are new to the EFT program, or you are changing your bank account.