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Wethersfield United Methodist Church FOR OFFICE USE ONLY **DONOR #** DATE Effective date of authorization: ___ Type of authorization: New authorization Change banking information Discontinue electronic donation □ Change donation amount □ Change donation date First Name Last Name Address State Zip City **Email Address** Please debit my donation from my (check one): Routing Number: Valid Routing # must start with 0, 1, 2, or 3 ☐ Checking Account (attach a voided check at the top of the page) ☐ Savings Account (contact your financial institution for Routing #) Account Number: Date of first donation: Frequency of donation: (check only one) Fund designations and amounts: ☐ General Fund ■ Weekly – Mondays ☐ FLC Mortgage ☐ Semi-Monthly – 7th and 21st ☐ Monthly on the 7th Total One-time 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: