

Green Street United Methodist Church Authorization Form

For office use only:

Effective Date of authorization _____
Envelope Number _____
Date _____

Applicant:

Last Name _____ First Name _____
Address _____
City, State, Zip _____
Email address _____

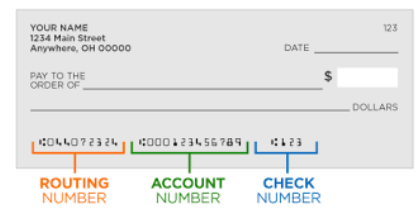
Date of First Donation _____

Frequency of Donation _____ Weekly on Monday _____ Semi Monthly 1st and 15th
(select one by checking) _____ Monthly on the 1st _____ Monthly on the 15th

<u>Funds</u>	Recurring _____	General/Operating Amount _____
	One time on _____	Lenten Offering _____
	One time on _____	Easter Donation _____
	(date)	(amount)

Please debit my donation from (check one)

_____ Savings Account (contact your financial institution for routing number)
_____ Checking Account (attach a voided check)
_____ Routing Number (must start with 0,1,2, or 3)
_____ Account Number



I authorize GSUMC 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 _____

Credit Card (check one) ___ Visa ___ Master card ___ American Express ___ Discover card
Card Number _____
Name on Card _____
Billing Address (if different from above) _____

I authorize GSUMC to process transactions in accordance with the information above.

Signature (as it appears on card) _____ Date _____

Please mail your authorization form to Sue Pattershall, 75 Longwood Ave. Augusta, ME 04330