



Authorization Form

Old Bridge United Methodist Church

80305470754

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking/credit card information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name

First Name

Address

City

State

Zip

Email Address

Date of first donation:

____/____/____

Frequency of donation: (please check only one)

- Weekly – Mondays
 Semi-Monthly – 1st and 15th
 Monthly on the 1st
 Monthly on the 15th

Church fund designations and amounts:

- General/Operating \$ _____
 Other _____ \$ _____

Total \$ _____

Special Instructions:

CHECKING / SAVINGS

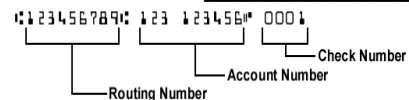
Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)
 Checking Account (attach a voided check)

Routing Number: _____

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

Account Number: _____



I authorize the above church 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

Please charge my donation to my (check one): Visa MasterCard American Express Discover Card

Credit Card Number:

Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above church to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

Return this form by mail to OBUMC, 3966 Old Bridge Road, Woodbridge, VA 22192 or in person to the church office (to Executive Administrative Assistant Gayle Martin or to Financial Assistant Tree Carter). Because of the sensitive nature of the financial information you are providing, please do not just leave in the church office or in mailbox in Room 104.