



Authorization for Automatic Contribution

I authorize Stewartville United Methodist Church and Vanco Services to process debit entries from my checking/savings account. I understand that this authority will remain in effect until I provide reasonable notification to terminate this authorization.

(Name – Please print)

(Address – Please print)

(Email Address – Please print)

Authorized Signature: _____ Date: ____/____/____

CHECKING / SAVINGS INFORMATION

Please debit my donation from my (check one):

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

Routing Number # _____

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

Account Number # _____

_____ **YES, I WANT PAPERLESS STATEMENTS**

Please make the following contributions:

- General Budget: \$
 Building Fund: \$
 Mission Moments: \$
 Apportionments: \$
 Youth Coordinator: \$
 Other: \$

TOTAL: \$

Date of first contribution: ____/____/____

Frequency of Contribution (check one)

- Weekly - Mondays
 Semi-Monthly – 1st & 15th
 Monthly - 1st of the month
 Monthly - 15th of the month