

For Office Use Only	Envelope # _____	Date _____
Member Authorization Form		
Effective Date: _____		<input type="checkbox"/> Change Contribution Date
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change Financial Institution Account
<input type="checkbox"/> Change Contribution Amount		<input type="checkbox"/> Discontinue Electronic Contribution
Name of Member (Please Print) _____		
Address _____		
City _____	State _____	Zip _____
Regular Contribution		One Time Contributions
<input type="checkbox"/> Weekly (Transferred on Mondays)		Easter Offering (Transferred April 1 st) \$ _____
<input type="checkbox"/> Semimonthly (Transferred on the 1 st & 15 th)		Thanksgiving Offering (Transferred November 15 th) \$ _____
<input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CIRCLE ONE: 1 ST 15 TH		Christmas Offering (Transferred December 15 th) \$ _____
<input type="checkbox"/> Quarterly (The 1 st of the month beginning _____)		Other \$ _____
General Fund \$ _____		Date of Transfer _____
Endowment Fund \$ _____		
Building Improvement \$ _____		
Total Amount		
Per Contribution \$ _____		
Please take my contribution directly from the account specified:		
<input type="checkbox"/> Checking Account (attach a voided check)		<input type="checkbox"/> Savings Account (attach a savings deposit slip)
Routing #: _____ Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols □:□:	Account #: _____	
I authorize Divine Savior United Methodist Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.		
Authorized signature on my account: _____		Date: _____
Please attach a voided check or savings deposit slip.		