

Clarendon United Methodist Church
606 N. Irving Street
Arlington, VA 22201

80310470583

For Office Use Only	Envelope #	Date
---------------------	------------	------

Member Authorization Form Effective Date: _____ <input type="checkbox"/> New Authorization <input type="checkbox"/> Change Contribution Amount	<input type="checkbox"/> Change Contribution Date <input type="checkbox"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Giving
--	--

Name of Member (Please Print)

Address

City	State	Zip
-------------	--------------	------------

Regular Contribution <input type="checkbox"/> Weekly (transferred on Mondays) <input type="checkbox"/> Semi-monthly (transferred on the 1st & 15th) <input type="checkbox"/> Monthly (Transferred on either 1st or 15th) CIRCLE ONE 1st 15th <input type="checkbox"/> Quarterly (the 1st of the month beginning _____) Current Expense \$ _____ Capital Fund \$ _____ Total Contribution Amount \$ _____	Annual Contribution Easter Offering (Transferred April 1st) \$ _____ Christmas \$ _____ (Transferred December 15th) Other _____ \$ _____ Date of Transfer _____
--	--

Please take my contribution directly from the account specified:

Checking Account (attach a voided check) **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 I: I:	Account # _____
--	------------------------

I authorize Clarendon United Methodist Church and VANCO Services, LLC 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.