Asbury United Methodist Church **12335547825**

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Envelope #_____(leave blank if not applicable)

Name (please print)_____

Address_____

City_____State_____Zip_____

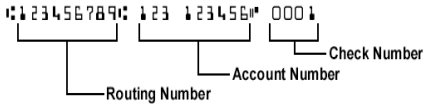
Please debit my contributions from my (check one):

❑ Checking Account – ***attach a voided check below***

❑ Savings Account – ***contact your financial institution for the appropriate Routing Number***

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

Account Number:_____



Church Fund	**Dollar Amount**	**Frequency** (check one for each fund)	**Start Date**
❑ General Fund	$_____	❑ Weekly – Mondays ❑ Semi-Monthly – 1st and 15th ❑ Monthly - 1st or 15th (circle one)	____/____/____
❑ Building Fund	$_____	❑ Weekly – Mondays ❑ Semi-Monthly – 1st and 15th ❑ Monthly - 1st or 15th (circle one)	____/____/____

I authorize **Asbury United Methodist Church** and **Vanco Services, LLC** to process debit entries from my account. I understand that this authorization will remain in effect until I provide reasonable notification of its termination.

Signature:_____ Date: _____

Please place voided check here.