## **AUTHORIZATION FORM**

First United Methodist Church, 1230 Bower Street, Howell, MI 48843

Cu	ustomer ld #	DATE	
Effective date of authorization:/			
Тур		ge payment amount	
Las	ast Name Firs	et Name	
Address			
City	ity	State Zip	
Email Address			
Payment Frequency: ☐ one-time ☐ Recurring (select one)- ☐ Weekly ☐ Monthly ☐ Annual ☐ Other			
Date of one time payment:// Amount : \$			
Date of first payment:/ Amount of recurring payment: \$			
CHECKING / SAVINGS	Please debit payment from my (check one):  Savings Account (contact your financial institution for Routing #)	Routing Number:	
		Account Number:	
		Check Number  ———————————————————————————————————	
CHECKIN	I authorize the above organization 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/DEBIT CARD	Please charge my payment to my (check one):		
	Credit Card Number:	Expiration Date:	
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization to charge my credit card in accordance with the information above.		
	Signature (as it appears on the credit card):	Date:	