

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 Contribution	
Name of Member (Please Print)		
Address		
City	State	Zip
Contribution Information <input type="checkbox"/> Semimonthly (Transferred on the 1 st & 15 th) <input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CIRCLE ONE: 1 st 15 th	General Fund \$ _____ Building Fund \$ _____ Total Contribution Amount \$ _____	
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 First United Methodist Church of Kearney 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.		