



Saint Paul's United Methodist Church
2423 West 26th Street
Joplin, MO 64804

56295815561

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 Giving
Name of Member (Please Print) _____		
Address _____		
City _____	State _____	Zip _____
Regular Contribution		Annual Contributions
<input type="checkbox"/> Weekly (Transferred on Mondays)		Easter Offering \$ _____ (Transferred 1 st Monday in April)
<input type="checkbox"/> Semimonthly (Transferred on the 1 st & 15 th)		Christmas \$ _____ (Transferred after December 15 th)
<input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CHECK ONE: 1 ST <input type="checkbox"/> or 15 TH <input type="checkbox"/>		Other _____ \$ _____
<input type="checkbox"/> Quarterly (The 1 st of the month beginning _____)		Date of Transfer _____
General Fund \$ _____		
Ignite \$ _____		
Total Contribution Amount \$ _____		
Please take my contribution directly from the account specified:		
<input type="checkbox"/> Checking Account (<i>attach a voided check</i>)		<input type="checkbox"/> Savings Account (<i>attach a savings deposit slip</i>)
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 Saint Paul's 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.		