SHUEYVILLE UNITED METHODIST CHURCH

❑ Yes, I would like to give electronically

15005550630

Electronic Giving

Open your heart without opening your checkbook.

Name: _____

Address: _____

City, State Zip: _____

Payment method (check one):

- ❑ Checking Account – attach voided check
- ❑ Savings Account – contact bank for routing #

Contribution amount: $_____

Date of first contribution: _____ / _____ / _____

Frequency of contribution:

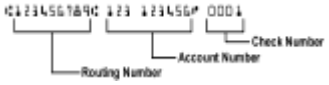
- ❑ One-time
- ❑ Weekly (Mondays)
- ❑ Semi-monthly (1st and 15th)
- ❑ Monthly (on the 1st)
- ❑ Monthly (on the 15th)

CHECKING / SAVINGS ACCOUNT INFORMATION

Routing #: _____

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

Account Number: _____



AUTHORIZATION AGREEMENT

I authorize the above church and Vanco Services, LLC 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.

Signature: _____ Date: _____ / ____ / _____

FOR OFFICE USE ONLY	
Envelope #:	Date: