

Authorization Agreement for Recurring Donations

Automatic Bank Withdrawal Program or Credit Cards

Living Word United Methodist Church

I (we) hereby authorize Living Word United Methodist Church to instruct my financial institution to make donations to Living Word from the account or credit card listed below. This authority will remain in effect until I have signed a new authorization, or upon cancellation of participation. I (we) understand that we control these donations and if at any time decide to discontinue this donation service, I (we) need to simply notify Living Word United Methodist Church.

Signature

Date

FOR AUTOMATIC BANK WITHDRAWAL, PLEASE COMPLETE THIS SECTION:

Bank Name _____ Routing Number _____

Account Number _____ Checking or Savings

Name(s) _____ Please attach a voided check here so we can verify #'s
(Please Print)

Amount to be deducted \$ _____
Frequency of deductions: (please select one or more)

5th day of month _____
20th day of month _____

Amount to be credited as follows:
Faith In Action campaign \$ _____
NOW Building Capital Campaign \$ _____
Other \$ _____ Describe _____

FOR CREDIT CARD DONATIONS, PLEASE COMPLETE THIS SECTION:

Credit Card information Visa or MasterCard or Discover

Credit Card # _____

Expiration Date: ____/____ Amount to be charged on the 15th day of each month \$ _____

Amount to be credited as follows:
Faith In Action campaign \$ _____
NOW Building Capital Campaign \$ _____
Other \$ _____ Describe _____