

Ashland United Methodist Church
2600 Ashland Road
Columbia, SC 29210



Electronic Giving 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
Contribution Information: <input type="checkbox"/> Weekly (Transferred on Mondays) <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 \$ _____
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 Ashland 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.		

Send this completed form with a voided check or savings deposit slip to:

- **Attn.: Director of Financial Ministries at the church address or**
- **Scan & email to: finance@ashlandumc.org**