

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"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Giving	
<input type="checkbox"/> New Authorization <input type="checkbox"/> Change Contribution Amount			
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.			