

For Office Use Only	Envelope # _____	Date _____
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Member Authorization Form
 Effective Date: _____

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

Name of Member (Please Print) _____

Address _____

City _____	State _____	Zip _____
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<p>Regular Contribution</p> <p><input type="checkbox"/> Weekly (Transferred on Mondays)</p> <p><input type="checkbox"/> Semimonthly (Transferred on the 1st & 15th)</p> <p><input type="checkbox"/> Monthly (Transferred on either the 1st or the 15th) CIRCLE ONE: 1ST 15TH</p> <p><input type="checkbox"/> Quarterly (The 1st of the month beginning _____)</p>	<p>General Fund \$ _____</p> <p>Capital Improvement Fund \$ _____</p> <p>Total Contribution Amount \$ _____</p>
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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)
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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 #: _____
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I authorize Kern Memorial United Methodist 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.