

AUTHORIZATION FORM

Organization Name:

First United Methodist Church of Park Ridge

Customer Id # - 11011516380

Date:



Effective date of authorization: ____/____/____

Type of authorization: ☐ New authorization ☐ Change payment amount ☐ Change payment date
☐ Change banking information ☐ Discontinue electronic payment

Last Name

First Name

Address

City

State

Zip

Email Address:

Payment Frequency: ☐ one-time ☐ Recurring (select one)- ☐ Weekly ☐ Monthly ☐ Annual ☐ Other _____

Date of one time payment: ____/____/____

Amount : \$ _____

Date of first payment: ____/____/____ Amount of recurring payment: \$ _____

C
H
E
C
K
I
N
G
/
S
A
V
I
N
G
S

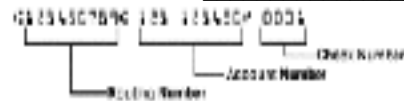
Please debit payment from my (check one):

- ☐ Savings Account (contact your financial institution for Routing #)
☐ Checking Account (staple a voided check below)

Routing Number: _____

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

Account Number: _____



I authorize the above organization 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.

Authorized Signature: _____ Date: _____

C
R
E
D
I
T
/
D
E
B
I

Please charge my payment to my (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card

Credit Card Number:

Expiration Date:

Name on Card:

Billing Address (if different from above):

T
C
A
R
D

I authorize the above organization to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

If using a checking account, please attach a voided check over the credit card section.