



First United Methodist Church  
602 S. Market St.  
Muncy, PA 17756

<b>For Office Use Only</b>	Envelope # _____	Date _____	
<b>Member Authorization Form</b>			
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 _____	
<b>Contribution Frequency:</b>			
<input type="checkbox"/> Weekly (Transferred on Mondays)			
<input type="checkbox"/> Semi-monthly (Transferred the 5 <sup>th</sup> & 20 <sup>th</sup> )			
<input type="checkbox"/> Monthly (Transferred the 5 <sup>th</sup> or 20 <sup>th</sup> – circle one)			
<b>Regular Contributions:</b>		<b>Endowment Funds:</b>	
Current Expense	\$ _____	Walter F. Smith (Building)	\$ _____
Building Fund	\$ _____	Ministry	\$ _____
Benevolence	\$ _____	Missions	\$ _____
Mission Central	\$ _____	Music	\$ _____
Capital Funds Campaign	\$ _____	General	\$ _____
Holy Ground Campaign	\$ _____		
<b>Annual Contributions:</b>			
Easter Offering (Transferred April 5 <sup>th</sup> )	\$ _____	Christmas Offering (Transferred December 20 <sup>th</sup> )	\$ _____
Thanksgiving Offering (Transferred November 20 <sup>th</sup> )	\$ _____	Communion Offering (Transferred January 5 <sup>th</sup> , April 5 <sup>th</sup> , July 5 <sup>th</sup> , Oct. 5 <sup>th</sup> )	\$ _____
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 #: _____ <b>Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols I:I:</b>		Account #: _____	
I authorize <b>Muncy First UMC</b> and <b>Vanco Services, LLC</b> to process debit entries to my account for the amounts listed above and for the amounts pledged in future years, as long as this authorization is in effect. 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: _____	
<b>Please attach a voided check or savings deposit slip.</b>			

