



Authorization Form

Park Forest Village United Methodist Church
1833 Park Forest Avenue
State College, PA 16803
office@pfvumc.org
814 238-2657

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form: New authorization Change banking/credit card information
 Change donation amount Discontinue electronic donation
 Change donation date

Last Name

First Name

Address

City

State

Zip

Email Address

Date of first donation:

____/____/____

Frequency of donation: (please check only one)

- Monthly on the 1st
 Monthly on the 15th

Church fund designations and amounts:

- Current Expense \$ _____
 Food Bank \$ _____
 Interfaith Mission \$ _____
 UM Cmte. of Relief/UMCOR \$ _____
 Simply Soup \$ _____
 Park Forest Day Nursery \$ _____
 Good Samaritan Fund \$ _____
 Endowment Fund \$ _____
 Church Improvement Fund (CIF) \$ _____
 Organ Repair Fund (ORF) \$ _____
 Benevolence \$ _____
 Other \$ _____

Total \$ _____

Special Instructions:

CHECKING / SAVINGS

Please debit my donation from my (check one):

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

Routing Number: _____

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

Account Number: _____

⑆ 23456789⑆ 123 456⑆ 000⑆
Routing Number Account Number Check Number

I authorize the above church 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: _____