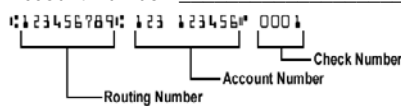


AUTHORIZATION FORM



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																												
Effective date of authorization: ____/____/____																														
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation																														
Last Name		First Name																												
Address																														
City		State Zip																												
Email Address																														
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FUNDS:</th> <th style="text-align: left;">AMOUNTS:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> General Operating</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Food Bank</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Interfaith Human Services</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> UM Cmte. on Relief (UMCOR)</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Park Forest Preschool</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Good Samaritan Fund</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Endowment Fund</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Church Improvement</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Organ Repair Fund</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Benevolence</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Food Bank</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Other _____</td><td>\$ _____</td></tr> <tr><td colspan="2" style="text-align: right;">Total</td></tr> </tbody> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General Operating	\$ _____	<input type="checkbox"/> Food Bank	\$ _____	<input type="checkbox"/> Interfaith Human Services	\$ _____	<input type="checkbox"/> UM Cmte. on Relief (UMCOR)	\$ _____	<input type="checkbox"/> Park Forest Preschool	\$ _____	<input type="checkbox"/> Good Samaritan Fund	\$ _____	<input type="checkbox"/> Endowment Fund	\$ _____	<input type="checkbox"/> Church Improvement	\$ _____	<input type="checkbox"/> Organ Repair Fund	\$ _____	<input type="checkbox"/> Benevolence	\$ _____	<input type="checkbox"/> Food Bank	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total	
FUNDS:	AMOUNTS:																													
<input type="checkbox"/> General Operating	\$ _____																													
<input type="checkbox"/> Food Bank	\$ _____																													
<input type="checkbox"/> Interfaith Human Services	\$ _____																													
<input type="checkbox"/> UM Cmte. on Relief (UMCOR)	\$ _____																													
<input type="checkbox"/> Park Forest Preschool	\$ _____																													
<input type="checkbox"/> Good Samaritan Fund	\$ _____																													
<input type="checkbox"/> Endowment Fund	\$ _____																													
<input type="checkbox"/> Church Improvement	\$ _____																													
<input type="checkbox"/> Organ Repair Fund	\$ _____																													
<input type="checkbox"/> Benevolence	\$ _____																													
<input type="checkbox"/> Food Bank	\$ _____																													
<input type="checkbox"/> Other _____	\$ _____																													
Total																														
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach 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: _____																												

If using a checking account, please attach a voided check at the bottom of this page.