RECURRING PAYMENT AUTHORIZATION FORM

Mesa View United Methodist Church 4701 Montano Rd. NW, Albuquerque, NM 87120 www.mesaviewumc.com



FOF	ROFFICE USE ONLY >>>		DONOR#				DATE		
PLEASE FILL FROM HERE DOWN. Effective date of authorization://									
		New authorization Change banking information			nge donation amount continue electronic donation		Change dor	nation date	
Last Name						First Name			
Address									
City						State		Zip	
Email Address Phone									
DATE OF FIRST DONATION:			FREQUENCY OF DONATION: Weekly Biweekly Semi-Monthly – and Monthly start on the			FUNDS: AMOUNTS: Tithes and Offering \$ Special Offering for \$ Total \$			
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (verify routing and account # from your bank) Checking Account (use routing and account # from your check) ATTACH A VOIDED CHECK PLEASE					Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1:1234567891: 123 1234561 0001 Check Number 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:								
CREDIT / DEBIT CARD	Card Type (check one):								
	Card Number:	ımber:				Expiration D	Expiration Date: CVV:		CVV:
	Name on Card:								
	Billing Address (if different from above):								
	I authorize the above organization to process transactions in accordance with the information above.								
	Signature (as it appears on the card): Date:								te: