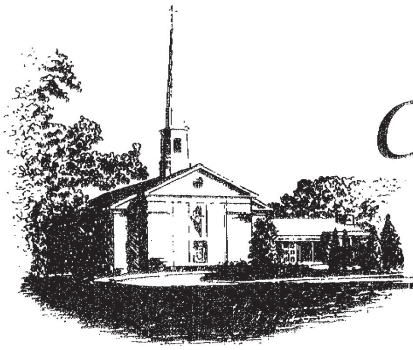


Calvary United Methodist Church

301 Rowe Boulevard • Annapolis, Maryland 21401 • 410-268-1776

Electronic Funds Transfer Authorization Form

38101163664

For Office Use Only	**Envelope #**	Date

Member Authorization Form

Start Date: _____

- ❑ New Authorization
- ❑ Change Contribution Amount
- ❑ Change Contribution Date
- ❑ Change Financial Institution Account
- ❑ Discontinue Electronic Giving

Name (Print) | Email

Address

City | State | Zip

Regular Contribution Frequency (choose one)

___ Weekly (Transferred on Mondays)

___ Semimonthly (Transferred on the 1st & 15th)

___ Monthly (Transferred on either the 1st or the 15th)
CIRCLE ONE: 1ST 15TH

___ Quarterly (The 1st of the month beginning _____)

Annual Contributions (Special Offerings)

Anniversary Offering $_____
(Transferred November 1st)

Christmas $_____
(Transferred December 15th)

Other _____ $_____

Date of Transfer _____

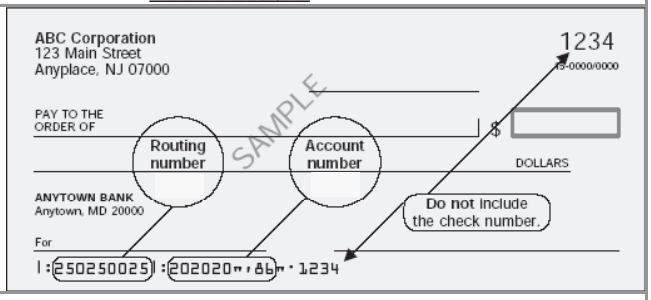
Regular Contribution Amount(s)

General Fund $_____

Building Fund + $_____

Total Contribution Amount = $_____

How to Find Your Routing & Account #'s



Please take my contribution directly from the account specified below (choose one):

- ❑ Checking Account (attach a voided check)
- ❑ Savings Account (attach a savings deposit slip)

Routing #: | Account #:

I authorize **Calvary United Methodist Church and Vanco Services, LLC** to process debit entries to my account. 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:

Please attach a voided check or savings deposit slip.

Completed forms can be mailed to the church office or placed in the offering plate. Thank you !!