VIRGINIA WINGARD MEMORIAL UMC
1500 BROAD RIVER ROAD
COLUMBIA, SC 29210
803-772-0794
EMAIL: CAROLYN@VIRGINIAWINGARDUMC.COM

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: ____/____/____

Type of authorization:
- ☐ New authorization
- ☐ Change donation amount
- ☐ Change donation date
- ☐ Change banking information
- ☐ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

____/____/____

FREQUENCY OF DONATION:
- ☐ Weekly – Mondays
- ☐ Semi-Monthly – 1st and 15th
- ☐ Monthly on the 1st
- ☐ Monthly on the 15th

FUNDS: **AMOUNTS:**
- ☐ General/Operating $_____
- ☐ Building $_____
- ☐ _____ $_____

Total $_____

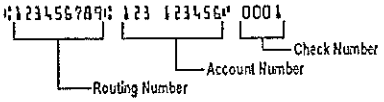
ANNUAL CONTRIBUTIONS
- ☐ Easter offering $ _____ Date to be transferred ____/____/____
- ☐ Thanksgiving offering $ _____ Date to be transferred ____/____/____
- ☐ Christmas offering $ _____ Date to be transferred ____/____/____

CHECKING / SAVINGS

Please debit my donation from my (check one):
- ☐ Savings Account (contact your financial institution for Routing #)
- ☐ 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.