

AUTHORIZATION FORM

Middleton Outreach Ministry, Inc.

7432 Hubbard Rd

Middleton, WI 53562

Phone 608.836.7338



ES 8684

FOR OFFICE USE ONLY	ID #:	DATE:
Effective date of authorization: _____		Entered by: _____
Type of Authorization Form:	<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

REGULAR CONTRIBUTIONS

Date of first contribution: _____ / _____ / _____

Frequency of contribution: (check only one)

Weekly – Mondays
 Semi-Monthly – 1st and 15th
 Monthly on the 1st
 Monthly on the 15th
 Quarterly

Fund designations and amounts:

General/Operating \$ _____
 Building \$ _____
 _____ \$ _____
Total \$ _____

ANNUAL CONTRIBUTIONS

Holiday Appeal (Dec. 1st) \$ _____
 Other _____ \$ _____ Date to be withdrawn: ____ / ____ / ____

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 (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize Middleton Outreach Ministry and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable written notification to terminate the authorization. Authorized Signature: _____ Date: _____	

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize Middleton Outreach Ministry and Vanco Services, LLC to charge my credit card in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable written notification to terminate the authorization. Signature (as it appears on the credit card): _____ Date: _____