

I (we) hereby authorize Living Word United Methodist Church to instruct my financial institution to make donations to Living Word from the account or credit card listed below. This authority will remain in effect until I (we) have signed a new authorization, or upon cancellation of participation. I (we) understand that we control these donations and if at any time decide to discontinue this donation service, I (we) need to simply notify Living Word United Methodist Church.

Signed: _____ Date: _____

**For Automatic Bank Withdrawal
Please complete this section**

Bank Name _____

Routing Number _____

Account Number _____

Checking

Savings

Name(s) _____

Attach a voided check

Amount to be deducted \$ _____

For the General Fund for 2010

Frequency of deductions: (select one or both)

5th day of each month 20th day of each month

**For Credit Card Donations
Please complete this section**

Credit Card Information:

Visa

MasterCard

Discover

Name on Credit Card:

Credit Card #

____ - ____ - ____ - ____ - ____ - ____

Expiration Date: ____ / ____

Amount to be charged on the 15th day of each month:

\$ _____ For General Fund