



Lexington Park United Methodist Church Electronic Giving Authorization Form

Last Name		First Name	
Street Address			
City	State	Zip	

Frequency of Donation & Amount (Please select only one)

Weekly (On Monday) \$ _____

Semi-Monthly - 1st & 15th \$ _____

Monthly on the 1st..... \$ _____

Monthly on the 15th.....\$ _____

Date of first donation

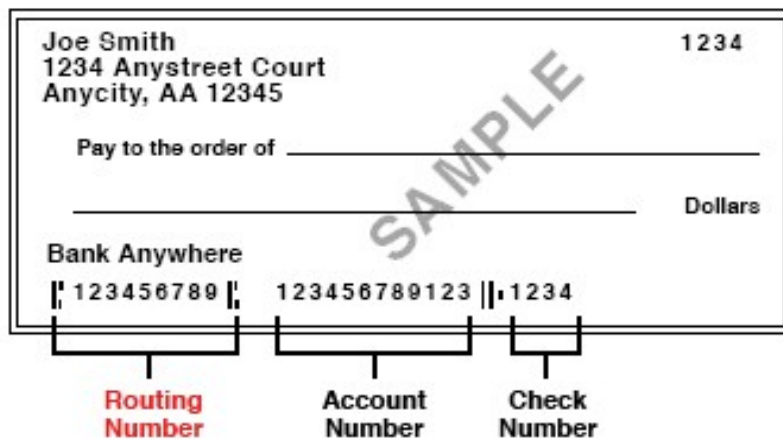
____/____/____

Banking Information

Please carefully fill in both routing and account numbers.

Routing Number: _____ (Valid # must start with 0, 1, 2 or 3)

Account Number: _____



I authorize LPUMC and Vanco Services, LLC 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: _____

Please return this form to the church office for processing.