



AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Your Name:
Address:
City, State, Zip:
Email address:

I would like to make the following contribution(s):

- | | | |
|--------------------------|--------------|-----------------|
| <input type="checkbox"/> | Food Pantry | \$ _____ |
| <input type="checkbox"/> | Other _____ | \$ _____ |
| <input type="checkbox"/> | Other _____ | \$ _____ |
| <input type="checkbox"/> | Other _____ | \$ _____ |
| | Total | \$ _____ |

Date of first contribution: ____/____/____

Frequency of contribution (check one):

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

Please debit my (check one):

- Checking account—*attach voided check*
- Savings account—*attach voided deposit slip*

Routing No.: _____ Account No.: _____

I authorize the Wesley Evening Food Pantry/Wesley United Methodist Church and Vanco Services to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ **Date:** _____

Please mail or fax completed form and documentation to:

Bonnie Taylor
Wesley Church, Foundation & Pantry
1203 W. Green Street
Urbana, IL 61801

bonnie@wesleyui.org
(217) 344-1120
(217) 344-1380 (fax)