## **AUTHORIZATION FORM**

Organization Name: Wadsworth United Methodist Church

Custor	mer ID #			Date		
Effective Date of Authorization:/						
Last Na	ame	First Name				
Address						
City			<mark>State</mark>		<mark>Zip</mark>	
Email Address						
Payment Frequency: ☐ One-Time ☐ Recurring (select one) ☐ Weekly Monthly ☐ Other  (9 Payments September 2024 through May 2025)						
Date of First Payment: 09/05/2024 Amount of Recurring Payment: \$(monthly tuition)						
Please Note: Credit card payments will incur an additional charge of \$5 per month.						
Checking/Savings	Please debit payment from my (check one):  ☐ Savings Account ☐ Checking Account (attach a voided check below)	umber: ting # must start with 0, 1, 2, or 3  lumber:  Account Number Number Check 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:					
م	Please charge my payment to my (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover					
Credit/Debit Card		Date:				
	I authorize the above organization to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card):					