AUTHORIZATION FORM

Organization Name: Wadsworth United Methodist Church

Customer ID #		Date

Effective Date of Authorization: _____/_____/_____

Type of Authorization: New Authorization   ☐ Change Payment Amount   ☐ Change Payment Date
                          ☐ Change Banking Information   ☐ Discontinue Electronic Payment

Last Name		First Name

Address

City		State	Zip

Email Address

Payment Frequency: ☐ One-Time   ☐ Recurring (select one)   ☐ Weekly   Monthly ☐ Other
(9 Payments September 2026 through May 2027)

Date of First Payment: **09/15/2026**   Amount of Recurring Payment: $_____(monthly tuition)

Please Note: Credit and debit 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)

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

Account Number: _____

FOR _____ MP
⑆123456789⑆ ⑈000⑉222⑊22⑈ ⑈1001⑈
Routing Number   Account Number   Check Number
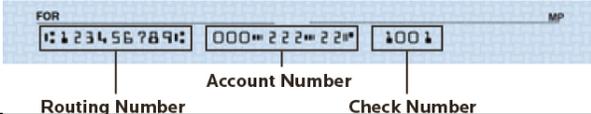
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____   Date: _____

Credit/Debit Card

Please charge my payment to my (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: _____   Date: _____

Name on Card: _____

Billing Address (if different from above): _____

I authorize the above organization to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____Date: _____

If using a checking account, please attach a voided check over the credit card section.