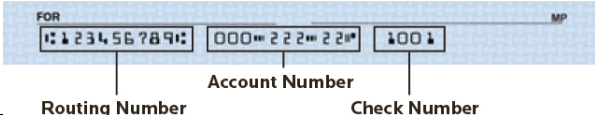


AUTHORIZATION FORM

Organization Name: Wadsworth United Methodist Church

Customer ID #		Date
Effective Date of Authorization: ____/____/____		
Type of Authorization: <input checked="" type="checkbox"/> New Authorization <input type="checkbox"/> Change Payment Amount <input type="checkbox"/> Change Payment Date <input type="checkbox"/> Change Banking Information <input type="checkbox"/> Discontinue Electronic Payment		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
Payment Frequency: <input type="checkbox"/> One-Time <input type="checkbox"/> Recurring (select one) <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Other (9 Payments September 2025 through May 2026)		
Date of First Payment: 09/15/2025 Amount of Recurring Payment: \$_____ (monthly tuition)		
Please Note: Credit and debit card payments will incur an additional charge of \$5 per month.		
Checking/Savings	<p>Please debit payment from my (check one):</p> <p><input type="checkbox"/> Savings Account</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p>	<p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p>  <p>FOR 123456789 000 222 22 MP</p> <p>Routing Number Account Number Check Number</p>
	<p>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.</p> <p>Authorized Signature: _____ Date: _____</p>	
Credit/Debit Card	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
	Credit Card Number: _____ Date: _____	
	Name on Card: _____	
Billing Address (if different from above): _____		
<p>I authorize the above organization to charge my credit card in accordance with the information above.</p> <p>Signature (as it appears on the credit card): _____ Date: _____</p>		

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