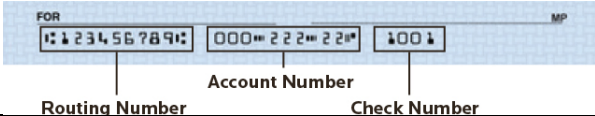


AUTHORIZATION FORM

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: _____  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: _____ Exp. 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.