



St. Matthew United Methodist Church  
FIRSTFRUITS ELECTRONIC GIVING AUTHORIZATION

Effective Date:	_____	
Type of Authorization:	<input type="checkbox"/> New Authorization <input type="checkbox"/> Change Donation Date <input type="checkbox"/> Update Authorization	<input type="checkbox"/> Change Donation Amount <input type="checkbox"/> Change Banking Information <input type="checkbox"/> Discontinue Donation
Frequency of Donation:	<input type="checkbox"/> Weekly (Mondays) <input type="checkbox"/> Twice a Month (1 <sup>st</sup> and 15 <sup>th</sup> ) <input type="checkbox"/> Monthly on _____	
Contribution Fund(s) and Amount:	<input type="checkbox"/> Tithes & Offerings      \$ _____ <input type="checkbox"/> Capital Fund                      \$ _____ <input type="checkbox"/> Other _____                      \$ _____  Total Each Donation              \$ _____	
Name on Account	_____	
Routing Number	_____	
Account Number	_____	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <b>(Attach a voided check below)</b>	
<i>I authorize St. Matthew United Methodist Church 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.</i>		
Authorized Signature:	_____	Date: _____