AUTHORIZATION FORM

St. Ann Church **ES10274**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization Form:
- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip

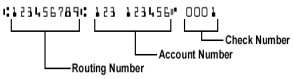
Please debit my donation from my (check one):

❑ Checking Account (attach a voided check below)

❑ Savings Account (contact your financial institution for Routing #)

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

Account Number: _____



CHURCH FUNDS AND AMOUNTS:	FREQUENCY OF DONATION: (check one for each fund selected)	DATE OF FIRST CONTRIBUTION:
❑ General Operating $ _____	❑ Weekly – Mondays ❑ Monthly on the 1st	_____/_____/_____
❑ Project Outreach $ _____	❑ Monthly on the 1st	_____/_____/_____

AGREEMENT

I authorize the above church and Vanco Services, LLC 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:_____

Please attach voided check here.