

# AUTHORIZATION FORM

St. Ann Church

ES10274

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
---------------------	------------------	------

Effective date of authorization: \_\_\_\_\_

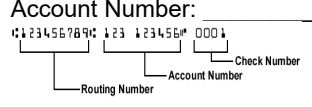
Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
-----------	------------

Address

City	State	Zip
------	-------	-----

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <small>  </small>
---	---

CHURCH FUNDS AND AMOUNTS:	FREQUENCY OF DONATION: (check one for each fund selected)	DATE OF FIRST CONTRIBUTION:
<input type="checkbox"/> General Operating \$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup>	____/____/____
<input type="checkbox"/> Project Outreach \$ _____	<input type="checkbox"/> Monthly on the 1 <sup>st</sup>	____/____/____
<input type="checkbox"/> Maintenance Fund \$ _____	<input type="checkbox"/> Monthly on the 10 <sup>th</sup>	____/____/____

**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: \_\_\_\_\_

Email Address: \_\_\_\_\_

