



AUTHORIZATION FORM

Effective date of authorization: _____

Type of authorization:

- New authorization Change banking information Change donation date
 Change donation amount Discontinue electronic donation

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Please debit my contribution from my: (check one)

- Checking Account Savings Account
(attach a voided check) *(contact your financial institution for routing #)*

Routing Number: _____
(Valid routing number must start with 0, 1, 2, or 3)

Account Number: _____

 routing #	 account #	 check #
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Date of first contribution: _____

Recipient: _____

Frequency of contribution: (check only one)

- Weekly – Mondays
 Semi-Monthly – 1st and 15th
 Monthly on the 1st

Special Instructions: _____

Church fund designations and amounts:

- General/Operating \$ _____
 Building \$ _____
 Tuition \$ _____

Total \$ _____

Agreement

I authorize the recipient 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.

Signature: _____ Date: _____

For office use only Donor # _____ Date: _____