

AUTHORIZATION FORM

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

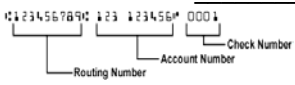
Name of the church: _____

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 |
| Email Address | | |

| | |
|---|---|
| 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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  |
|---|---|

| | | |
|---|--|--|
| FIRST DONATION DATE: ____/____/____ | FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th | FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Evangelism/Outreach \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <p style="text-align: right;">Total \$ _____</p> |
|---|--|--|

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: _____

