

AUTHORIZATION FORM

Church name:		
Your name:		
Address:		
City, State, Zip:		
Email address:		
I would like to make the following contribution(s):		
<input type="checkbox"/> General Operating Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ Total	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Date of first contribution: ___/___/___ Frequency of contribution (check one): <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th

	<i>Complete this section if using your checking or savings account</i>
Please debit my (check one):	
<input type="checkbox"/> Checking account— <i>attach voided check</i>	<input type="checkbox"/> Savings account— <i>attach voided deposit slip</i>
Routing #:	Account #:
<i>Valid routing # must start with 0,1,2 or 3</i>	
I authorize the above organization and Vanco Services to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	