

AUTHORIZATION FORM



FOR OFFICE USE ONLY	DONOR #: _____	DATE: _____						
Name of the Church: _____ Effective date of authorization: ____/____/____ Type of Authorization Form: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table>			<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	
<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								
DONATION:								
Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Semi-Monthly (1st and 15th of each month)	Funds and donation amounts: <input type="checkbox"/> General Operating \$ _____						
Please debit payments/donations 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: _____ 							
AGREEMENT I authorize the above school 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 staple voided check here.