# AUTHORIZATION FORM

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

Name of Church_____

Effective date of authorization: _____/_____/_____

Type of Authorization Form:

- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

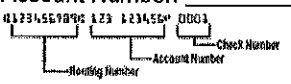
| Last Name | First Name | |
|---|---|---|
| Address | | |
| City | State | Zip |
| Email Address | | |

Please debit my donation from my (check one):

- ❑ Checking Account (attach a voided check below)
- ❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____
***Valid Routing # must start with 0, 1, 2, or 3***

Account Number: _____




**FIRST DONATION DATE:**

_____/_____/_____

**FREQUENCY OF DONATION:**

- ❑ Weekly on _____
- ❑ Monthly on _____
- ❑ Semi-Monthly
  (transferred on 1st and 15th of each month)

**FUNDS AND AMOUNTS:**

- ❑ General/Operating $_____
- ❑ Building $_____
- ❑ Evangelism/Outreach $_____
- ❑ _____ $_____
- ❑ _____ $_____

**Total** $_____

**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:_____

***Please attach voided check here.***