AUTHORIZATION FORM

FOR OFFICE USE ONLY	ENVELOPE/DONOR#			DATE	
Name of Church					
Effective date of authorization:/					
Type of Authorization Form: U New Authorization U Change banking information U Discontinue electronic donation U Change donation					
Last Name		First Name			
Address		1			
City		State		Zip	
Email Address					***************************************
Please debit my donation from my (check one): Checking Account (atlach 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: 1,1234551879 125 1334518 0001			
FIRST DONATION DATE:	FREQUENCY OF DONATION: Weekly on Monthly on Semi-Monthly (transferred on 1 st and 15 th of each	month)	FUNDS AND AMOUNTS: General/Operating \$		
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.					