AUTHORIZATION FORM



FO	R OFFICE USE ONLY	ENVELOPE/DONOR #		DATE		
Name of the organization:						
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						
Date of first payment:		FREQUENCY OF DONATION:	REQUENCY OF DONATION:		FUNDS AND AMOUNTS:	
		 Weekly on Monthly on Semi-Monthly (transferred on 1st and 15th of each month) 		General/Operating \$ Building \$ Evangelism/Outreach \$ \$ Total \$		
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Routing Number			
	I authorize the above organization and Vanco Services 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:					
CREDIT CARD	Please charge my donation to my (check one):					
	Credit Card Number:			Expiration Date:		
	Name on Card:					
	Billing Address (if different from above):					
	I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.					
	Signature (as it appears on the credit card): Date:					