## **AUTHORIZATION FORM**



FOR OFFICE USE ONLY	ENVELOPE/DONOR #		DATE	
TOR OTTIOL GOL GIVET	ENVELOT E/BONOK#		DAIL	
Name of Church	· · · · · · · · · · · · · · · · · · ·		<del></del>	
Effective date of authorization:				
	<ul><li>New Authorization</li><li>Change donation amount</li><li>Change donation date</li></ul>		panking information ue electronic donation	
Last Name		First Nam	ame	
Address				
City		State	Zip	
Email Address			1	
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:    1234567691		
FIRST DONATION DATE:	FREQUENCY OF DONATION:  ☐ Weekly on ☐ Monthly on ☐ Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)		FUNDS AND AMOUNTS:  General/Operating Building Evangelism/Outreach Total	\$ \$ \$ \$ al \$
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:				
	se attach voided check here.			