AUTHORIZATION FORM



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	ENVELOPE/DONOR #		DATE		
Name of Church						
						
Effective date of authorization:						
	□ New Authorization□ Change donation amount□ Change donation date□ Change donation date					
Last Name			First Name			
Address						
City				Zip		
Email Address Phone						
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: Routing Number Account Number Account Number			
FIRST DONATION DATE:	FREQUENCY OF DONATION: ☐ Weekly on ☐ Monthly on ☐ Semi-Monthly (transferred on 1 st and 15 th of each r	FUNDS AND AMOUNTS: General/Operating \$ World Hunger \$ Gifts & Memorials \$ \$ 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.						