

AUTHORIZATION FORM

St. Paul's Episcopal Church

ES13126

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

Effective date of authorization: _____

Type of Authorization Form:

| | |
|---|--|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change banking information |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation |
| <input type="checkbox"/> Change donation date | |

| | |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Email Address

| | |
|--|---|
| <p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> | <p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p><small>⑆ 23456789⑆ 23 23456⑆ 0001</small></p> <p><small>Routing Number Account Number Check Number</small></p> |
|--|---|

| | | |
|---|---|---|
| <p>DATE OF FIRST DONATION:</p> <p>____/____/____</p> | <p>FREQUENCY OF DONATION: (check only one)</p> <p><input type="checkbox"/> Weekly on Mondays</p> <p><input type="checkbox"/> Semi-monthly on the 1st and 15th</p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p> | <p>FUNDS AND AMOUNTS:</p> <p><input type="checkbox"/> General/Operating \$ _____</p> <p><input type="checkbox"/> _____ \$ _____</p> <p><input type="checkbox"/> _____ \$ _____</p> <p style="text-align: right;">Total \$ _____</p> |
|---|---|---|

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: _____

