Authorization Form



38107163048

| FOR | OFFICE USE ONLY | | ENVELOPE # | | | | | DATE | | |
|-------------------------|---|--------------------------------|---|-------------------------|--|-------|--|--|--|--|
| Type Form | of Authorization : | | thorization Donation Amou Donation Date | | | | | | | |
| Last | Name | | | First Name | | | | | | |
| Address | | | | | | | | | | |
| City | | | | _ | State Zip | | | Zip | | |
| Date of first donation: | | | | ☐ Weekly - | requency of donation: (please check only one) Weekly – Mondays Monthly on the 5th (Please Divide Annual Contribution by 12) (do not multiply weekly contribution by 4) | | | | Or Multiply weekly contribution by 52 then divide by 12 to obtain the monthly amount | |
| Func | I designations and a | nual (one-time) contributions: | | | | | | | | |
| Capital Improvement | | | | Thanksgiving \$ | | | | Transfer Transfer Transfer Transfer Transfer | ferred on April 5 th ferred on November 15 th ferred on December 15 th ferred on May 5 th ferred on June 5 th ferred on January 5 th ferred on October 5 th | |
| CHECKING / SAVINGS | Please debit my dona Savings A Checking | Valid Routing #) Account No. | | Routing # mus | umber: umber: 7891: 123 123456 * 0001 | | | | | |
| | 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: | | | | |

Attach voided check here.