

# AUTHORIZATION FORM

St. Ann Church

ES12438

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

Effective date of authorization: \_\_\_\_\_

Type of Authorization:

<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

<b>DATE OF FIRST DONATION:</b> ____ / ____ / ____	<b>FREQUENCY OF DONATION:</b> (check only one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Weekly – Mondays</li> <li><input type="checkbox"/> Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup></li> <li><input type="checkbox"/> Monthly on the 1<sup>st</sup></li> <li><input type="checkbox"/> Monthly on the 15<sup>th</sup></li> <li><input type="checkbox"/> One-time</li> </ul>	<b>FUNDS AND AMOUNTS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> General \$ _____</li> <li><input type="checkbox"/> Easter Offering \$ _____</li> <li><input type="checkbox"/> Christmas Offering \$ _____</li> <li><input type="checkbox"/> Christmas Flowers \$ _____</li> <li><input type="checkbox"/> Easter Flowers \$ _____</li> <li><input type="checkbox"/> Holy Day Offering \$ _____</li> </ul> <p style="text-align: right;">Total \$ _____</p>
--	--	---

<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <ul style="list-style-type: none"> <li><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</li> <li><input type="checkbox"/> Checking Account (attach a voided check below)</li> </ul>	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
		Account Number: _____ <small>           *1234567890 123 123456* 0001            Routing Number      Account Number      Check Number         </small>

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: \_\_\_\_\_

<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	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: _____	

*Please attach voided check over credit card section above if using checking account.*