

AUTHORIZATION FORM

St. John the Evangelist

ES8634

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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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
Please debit my donation from my (check one):		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check below)		Valid Routing # must start with 0, 1, 2, or 3
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		<small>⑆ 234567890 ⑆ 23 ⑆ 234567 0001</small> └─── Routing Number └─── Account Number └─── Check Number
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one)	FUNDS AND AMOUNTS:
	<input type="checkbox"/> Weekly on Mondays	<input type="checkbox"/> General \$ _____
	<input type="checkbox"/> Semi-monthly on the 1 st and 15 th	Total \$ _____
	<input type="checkbox"/> Monthly on the 1 st	
	<input type="checkbox"/> Monthly on the 15 th	
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.