

AUTHORIZATION FORM

Church of St. Luke

ES9116

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: _____ Valid Routing # must start with 0, 1, 2, or 3
<input type="checkbox"/> Checking Account (attach a voided check below)		Account Number: _____
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		<small>⑆ 23456789⑆ 23 23456⑆ 000⑆ └─── Routing Number └─── Account Number └─── Check Number</small>
DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: (check only one)	DESIGNATED AMOUNT:
	<input type="checkbox"/>	<input type="checkbox"/> General/Operating \$ _____
	<input type="checkbox"/> Semi-Monthly – 5 st and 20 th	<input type="checkbox"/> Building Fund \$ _____
	<input type="checkbox"/> Monthly on the 5 st	TOTAL:
	<input type="checkbox"/> Monthly on the 20 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.