

AUTHORIZATION FORM

ES13319

Saint John the Evangelist

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Name of the organization: _____

Effective date of authorization: ____/____/____

Type of Authorization Form: New Authorization Change banking information
 Change donation amount Discontinue electronic donation
 Change donation date

Last Name	First Name
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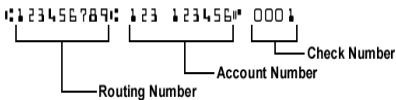
Address _____

City	State	Zip
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Email Address _____

Date of first payment: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	FUNDS AND AMOUNTS: <input type="checkbox"/> Sunday Offering \$ _____ <input type="checkbox"/> Capital Campaign \$ _____ <input type="checkbox"/> Capital Campaign II \$ _____ <input type="checkbox"/> Other _____ \$ _____ Total \$ _____
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Optional – Pay an additional 2.75% to defray credit card processing fees \$ _____

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  <small>⑆ 23456789 ⑆ 23 ⑆ 23456* 000 ⑆ Routing Number Account Number Check Number</small>
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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: _____

CREDIT CARD	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: _____	