

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Saint Paul Catholic Church
 9240 Damascus Road, Damascus, Maryland 20872

- NEW
 UPDATE

ES7551

Envelope #	Phone #	
Last Name	First Name	
Address		
City	State	Zip

Date of first contribution: _____/_____/_____	Frequency of contribution: (please check only one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi Monthly (1 st and15 th)	Contribution amounts of each debit: \$ _____ Building Fund \$ _____ Offertory \$ _____ Honduras
Special Instructions: _____		

CHECKING / SAVINGS	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
	I authorize the above organization 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: _____	

CREDIT CARD	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <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, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

**Please staple voided check over credit card section above if using checking account.
 Return this form to the Parish Office or drop it in the collection basket at Mass.**

OFFICE USE ONLY _____ **Date Entered** _____ **Date Changed** _____