

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. Mary's Church

ES8553

Envelope # (leave blank if not applicable)		E-mail Address	
Last Name		First Name	
Address			
City	State	Zip	

Please debit my contribution from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
	Account Number: _____

Date of first contribution: ____/____/____	Frequency of contribution: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Church fund designations and amounts: <input type="checkbox"/> A Living Sacrifice \$ _____ <input type="checkbox"/> Offertory \$ _____ <input type="checkbox"/> Maintenance Fund \$ _____ <input type="checkbox"/> ADW Collection \$ _____ <input type="checkbox"/> Donation \$ _____ <p align="right">Total \$ _____</p>
Special Instructions: _____		

CREDIT CARD	Please charge my payment 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):			

AGREEMENT

I authorize the above church and Vanco Services, LLC to process debit entries to my account or to charge my credit card in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check on top of credit card section above.